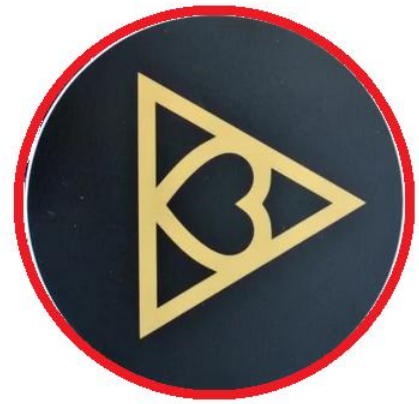


A Case for the Legalization, Education, and Regulation of ALL Drugs Worldwide



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The
PsychoPharmaPist

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QUOTE: "The illicit drug trade is currently the second most lucrative industry **in the world**, after weapons."

ACS Chem Neurosci. "The DARK Side of Total Synthesis: Strategies and Tactics in Psychoactive Drug Production." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6205722/>

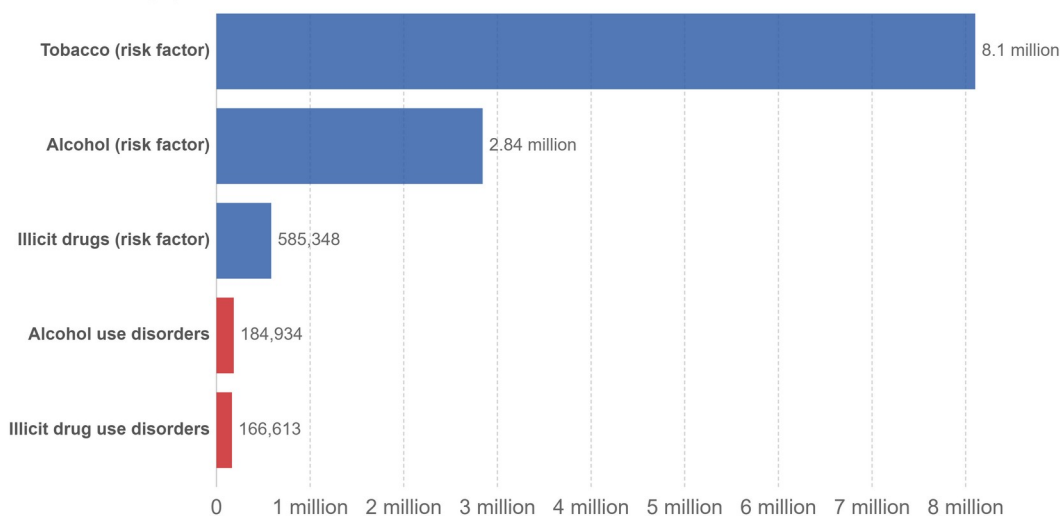
Deaths from tobacco, alcohol and drugs, World, 2017

Deaths from substance use are distinguished by two measures:

- direct deaths from substance use disorders (in red). These are deaths which result from alcohol or illicit drug use overdoses.
- indirect deaths (in blue) which result from substance use acting as a risk factor for the development of various diseases and injury.



<https://ourworldindata.org/drug-use>



Source: IHME, Global Burden of Disease

Note: Illicit drugs are drugs that have been prohibited under international drug control treaties. They include opioids, cocaine, amphetamines and cannabis.

OurWorldInData.org/drug-use • CC BY

How would drug legalization help in these situations?

This is meant to Start a Conversation.

Part Ia – Put the drug experiences first?

Part 2 – put the persuasive essays second. Okay. Maybe. lol

PART I of intro –

Identifying problems in industry today

PART II – Tying the essays together

HERE WE GO

I can hear it now... "Did you say legalize ALL drugs? Are you insane!? Everyone will be snorting Cocaine and injecting Heroin the day that happens!"

Undoubtedly, these will be some of the first reactions that I get. These are understandable reactions based on some of the current perceptions of drug use.

Some sources and information will be mentioned multiple times. Even though this book was designed to be read straight through, each essay was also designed to be read independently. This means information might be repeated. Usually, if I am repeating information in multiple essays, such as the number of deaths attributed to Cigarette smoking each year, I am trying to drive a point home even harder.

Cartel crime statistics

For the majority of the book, United States drug policy will be the primary focus, however, even if the reader does not reside in the country, they may find information relevant to their own country.

I will try to be as Upfront and Honest as I can be...

I have an agenda. My goal is to persuade you, whoever you may be, that it will be beneficial for humanity to legalize and regulate all drugs worldwide. Yes, even Crack Cocaine, Methamphetamine, and Heroin. I can hear the shock and disgust at this idea, before I have even let anyone read this book. Like many of you, for most of my life I really believed that all drugs should be illegal, citing examples of society destruction and the failed “War on Drugs”. Over time, something began to change within me.

This feeling manifested in an awareness of the many issues in the world we live in and the inequivalences that are driving us apart.

Agenda usually has a negative connotation. Agendas are usually negative.
I am also not trying to sell you anything. This book is free. My ideas are free.

While I acknowledge that it is unlikely that I can create serious change in global drug policy, my hope is that I can put this book into the hands of enough people that a conversation can be started to get the process moving in the *right* direction.

I’ve been asked before, why drugs? Why did you choose this to study? For one, I can *easily* and *directly* observe the effects of drugs.

I cannot directly observe if the earth is round or flat.

I cannot directly observe if there is an afterlife.

I cannot directly observe the weather tomorrow.

But when it comes to drugs. I know that if I test my drug, and measure it accordingly, and take it, that certain effects are quite predictable.

How is this book structured?

After much consideration about how to format the book, I decided to group essays into four distinct parts. While each part is unique, they are all very much connected.

Part 1:

Part 2:

Part 3:

Part 4:

Part 5:

Some essays may contain overlapping ideas, as each essay was intended to stand on its own. In order to convey the real purpose of what I want to say, all of the essays are best read consecutively.

DRUGS MAKE LOTS OF MONEY

Americans spend 150 billion a year on just four illegal drugs: Mari, Coke, Hero, Meth. The global market estimated 4x as much *youtube 1:35* legal vid

ATTEMPTS TO EDUCATE OTHERS ON DRUG USE ARE SHADOWED BY ILLEGALITY

After completing the first volume of my Free book series, [Drugs of the Universe](#), where I described in intense detail various educational information and harm reduction strategies as they pertain to the most commonly used drugs in today’s world, I was still left feeling rather dispirited. While I may have helped some people by spreading my knowledge, the fact is that a majority of the drugs that I described in my first book are currently illegal throughout most of the world. The fact that so many of these drugs are illegal creates a huge problem, as it seems that no matter how many laws or regulations are in place, individuals will still continue to use drugs. If the choice is made to use these drugs, there

are usually rather severe consequences when a person is caught depending on where they live. My belief is that as long as these penalties exist, the spread of education will continuously be hindered, and humanity as a whole will continue to suffer as a result.

WHAT ARE SOME OF THESE PENALTIES?

According to one article in The Economist in 2015, there were 32 countries that allowed for execution of drug traffickers. In only six of these countries: China, Iran, Saudi Arabia, Vietnam, Malaysia, and Singapore, are these executions done on a routine basis [Eco]. This may seem rather extreme, but are there punishments worse than death? There are many countries that would imprison someone for the remainder of their life for possession of large enough quantities of drugs, even if no violent crimes were committed.

Some may argue that those who possess and distribute drugs are contributing to worldwide violence by their actions. To these individuals, I would raise the point that if all drugs were legalized and regulated, there would be much less violence to contribute to, which will likely result in decreased rates of incarceration.

Duterte uses Fentanyl! The Fucking hypocrisy of it all.
12,000 deaths in philippines UPDATE NUMBER

THE IMPORTANCE OF EDUCATING TODAY'S YOUTH ABOUT DRUGS

I am a firm believer that if humans were better educated from a young age about drugs, they would likely make better choices when it came to substance use. Speaking from my own experience during youth drug education, I can recall some of the state mandated D.A.R.E. (Drug Abuse Resistance Education) program. Since I was around the age of ten at the time, I was quite impressionable, and believed whatever most adults told me as fact, no matter how false the information was that I was presented. In one particular situation, I was told that Cannabis would cause mental impairment. I was also told that you would build a "one joint a day tolerance," so that by the 30th day of consecutive smoking, a user would need 30 joints to achieve the same effect. When it came to Ecstasy, if this drug was consumed, it was as if "ice-cream scoops" were being taken out of the brain. I do not recall being directly told that any drugs induced feelings of pleasure or euphoria. Most of what I was told led me to believe that all drugs were just *bad*. Being the curious youngster that I was, this did not make logical sense. If drugs were all so bad, why were people doing them then?

OTHER PROMINENT INDIVIDUALS THAT SUPPORT DRUG LEGALIZATION

This idea to legalize all drugs is not one of a kind. In fact, there are actually several prominent individuals who support this concept already. There is a Harvard (often considered highest level of educational institutions in the United States) professor, Jeffrey Miron, who supports legalizing all drugs. His main argument is that in a free society, people should be able to consume whatever they want, no matter how dangerous or harmful. He also argues that by trying to discourage people from using drugs, there are greater costs and negative outcomes than from simply allowing drugs to be regulated and consumed. There is also attention drawn to the underground drug market (how most people get illicit drugs today), and how it is corrupt, violent, and lacking quality control. If drugs were made legal, he acknowledges that anyone who turns to drug use would merely be doing themselves harm *and not society as a whole*, whereas in the current system, there is far greater damage to society by keeping drugs illegal.

When I first stumbled upon some of the ideas and concepts of Dr. Carl Hart in his book [Drug Use for Grown-Ups](#), I confess that I was perplexed. This was a Columbia (another prestigious Ivy-league school in the United States) professor, who was openly admitting to casual and occasional Diacetylmorphine (Heroin) use.

-Who else?

This is a counterpoint

<https://www.ibhinc.org/drug-legalization>

WHY WE SHOULD FOCUS ON THE LEGALIZATION OF DRUGS AS A MAJOR ISSUE TODAY

Some may argue that there are more pressing issues facing the world today, such as climate change, corruption in politics, or greed amongst corporations. While these are certainly important issues to date, I firmly believe that the legalization of drugs is a logical step in promoting a greater good for humanity. My hope is that by the end of this book, you will see the reason why.

On a more personal note, when compared to some of the other issues of the world, I believe I am more informed about drugs and therefore have more passion about the topic. Having consumed over 100 unique substances, studied them in college, and written a very detailed harm reduction book about them, I believe I can provide a useful perspective for the case of drug legalization.

DECRIMINALIZATION OF DRUGS HAS BEEN EFFECTIVE IN PORTUGAL

While decriminalization is not the same as legalization, it is definitely a step towards it. Loosely defined, drug decriminalization is where harsh criminal penalties, such as being forced into incarceration, are greatly diminished to small fines or community service.

<https://time.com/longform/portugal-drug-use-decriminalization/>

What has decriminalization done in Portugal? What has decriminalization done in Oregon?

MOST PEOPLE WHO DO NOT CURRENTLY USE ILLEGAL DRUGS WILL NOT SEEK THEM UPON LEGALIZATION

If you are not currently a user of illegal drugs and if all illegal drugs were suddenly made legal tomorrow, would you suddenly go seek them out? *I actually asked 30 people on the streets of West Hollywood two questions – do you currently use illegal drugs, and if they were all made legal tmr would you take them? * I am sure there is a lot of criticism of my “study”: My sample size is too small, people could be lying, etc. But when I ask those around me that I trust the most, such as close friends or family – their answers were quite consistent. When I asked any of my friends if Diacetyl Morphine (Heroin) were to be made legal tomorrow, if they would do it, all of them answered no.

A THEORY AS TO WHY DRUGS ARE ILLEGAL

Perhaps one of the reasons why some of these drugs are illegal is that if an human takes a drug, usually a psychedelic, they may be shown a new perspective. This new perspective may allow people to realize that the world we live in is perhaps not the most ideal for human success, resulting in a large portion of humanity getting angry, and maybe doing something about it 😊. I would advise you explore my final Part that contains experiences of MDMA and LSD.

Another idea is that because there is an overpopulation problem, perhaps the governments, politicians, and other members of the ruling class of humanity do not want there to be so many people. Keeping drugs illegal allows for worse quality control, resulting in more people suffering and dying from drug overdose. This will help curb the global population.

Sources:

Eco

<https://www.economist.com/the-economist-explains/2015/04/28/which-countries-have-the-death-penalty-for-drug-smuggling>

Part 1: A General Background about Drugs

Intro – We need to end the fear

The Importance of Ending the Fear of Drugs

When discussing the topic of mind-altering drugs with others who are drug naïve, some people will seemingly recoil at just the mention of the word “drugs”. On one hand, I can understand where this fear comes from. Drugs are illegal, have powerful mind-altering effects, and they can kill people. On the other hand, I question why more people are not then afraid of toxic “foods” like candy, cookies, or MacDonald’s, when the obesity caused by these substances contributes to far more disease and death than any illegal drugs do. I believe that politicians, governments, advertising, and social media have conditioned people to not be afraid of some of the unhealthiest consumer items, such as toxic “food” and Alcohol. Instead, they have reoriented human fear. People have a fear of each other, either because of placement in a different social class, or because of preconceived notions about race or sexual identity. Since this is a book about drugs, the focus will be on how we are conditioned to fear drugs, mostly because we do not understand them.



Almost all of us have seen these types of pictures before. “This is what Meth does to you!” or “This is the face of Heroin!” with a before and after picture meant to create fear and disgust inside of you. I must admit, that these pictures are very effective at doing exactly that. I remember seeing these types of pictures in my youth, and being convinced that one hit of Methamphetamine would make me shrivel up and knock out all of my teeth. I know now that this is not true. *Image: Taken from the “Top 10 faces of Meth addiction” [MethAdd].*

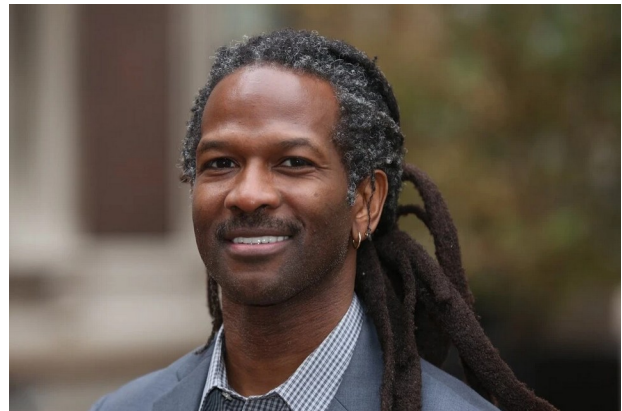
In our current society, there is a disproportionate focus on the negative effect of drugs. When I have asked people what they think about people who use traditionally addictive drugs such as Methamphetamine or Heroin, they say, "Oh, but don't those make your teeth fall out!" Often making mention of the type of pictures displayed above. The fact is, that the majority of people who use these stereotypically addictive drugs are actually not addicted. Recent estimates indicate about 20-30% of people who try Heroin will become addicted. This would mean that the average person using these drugs definitely does *not* look like the pictures above.



The way I see it, this is just sensationalized propaganda. After all, when it comes to the aforementioned toxic foods in the beginning of this essay, how often do you see any kind of advertisements that say "This is the face of Skittles," or "This is your body on Coca-Cola," and then shows a morbidly obese person? It seems a bit strange to try to look at it this way, but there is really not much difference. Both

show how a person transformed over time. The biggest difference is that the one who transformed negatively while using drugs is doing something illegal, while the person who became obese from eating excessive amounts of unhealthy food is not breaking any laws. Image: A switched before-and-after photo to indicate how someone might look conventionally beautiful at one point, but can then appear unhealthy at another point [Fat].

While I do not want to glamorize drug use, I want to make it known that the average drug users do not look like the pictures that show people with blemishes all over their face and missing teeth. Pictured here is Dr. Carl Hart, who is a professor at Colombia University. He has come out and said that he uses Heroin and other drugs on occasion recreationally. He is currently 54 years old, and in much better shape than many others his age. He exercises every day and eats well. He is well respected and has published several books. After studying drugs for over 30 years, he has become very familiar with their effects, and therefore has a much lower chance of damaging himself or those around him by partaking in occasional drug use. This is not to say that all people will be able to recreate what he has. In fact, despite him pushing for legalization and regulation of all drugs, he is still not encouraging people to take drugs. I believe that if we spread more accurate information about the drugs that exist in today's world, we can eliminate this fear that surrounds drugs, and perhaps take the next step and educate people properly should they desire to partake in the consumption of drugs. *Image: Dr. Carl Hart [Carl].*



The more you can increase fear of drugs and crime, welfare mothers, immigrants and aliens, the more you control all the people.

- Noam Chomsky

This fear of drugs roots to a bigger issue about the spread of fear that is occurring worldwide. People are afraid of Covid. People are afraid of each other. People are afraid of the very air they breathe. People are afraid of the food they eat. When people are in a state of fear, they are better able to be controlled. When people are under control, they cannot be free. And we should always remember that *"One human being should never control Another."*

Why include a general Part about Drugs?

Originally, when I first started writing this book, I did not have this Part I at all. After some debate, and in order to build a solid structure for my case, I decided that it would be a good idea to have this part to provide some background information. While it may not seem like answering the "What, When, Where, Who, Why, and How" about drugs may be relevant to arguments for legalization, I believe that drug naive readers will gain just a little bit more knowledge about drugs before progressing into Part II, where problems are raised concerning drugs in modern society. Elaborating on the answers to these questions will ideally also mitigate some of the fears that people have about drugs. I would still encourage those who consider themselves well-versed in topics about drugs to read through this part as well, because something still could be learned.

The What

In the first essay, I clearly define what a drug actually is and also explain what a drug is not for the scope of this book. I make distinctions between what food is compared to what drugs are. I also break down drugs into various classifications that drugs can be broken down into, such as stimulants, depressants, and psychedelics. There are some examples of drugs given that fit into various categories and a little about some of their effects. Although this first chapter is not very long, I believe that if the definition of what a drug will not be clear to the reader, then there is not much purpose for this book to begin with!

The When

To be honest, I probably had the most fun writing the two essays that are contained within "The When" segment. It really opened my eyes about how drugs were discovered. I decided to put the arguably more fascinating of the two essays first, about how animals have been using drugs longer than humans have! I also add in relevant information about how humans may have learned about certain drugs as a direct result of observing animals consuming them.

In the second essay, I walk the reader through a timeline from 16,000 years ago until the present day and discuss how most drugs came into existence. I could not include the history of *every* drug, as that would take up an entire book in itself, but I believe I highlighted the most influential substances. The majority of the history of drugs consists of naturally found substances, such as Opium, Cannabis, and Coca leaf, but I do elaborate on some of the recently synthetically derived drugs, such as Ketamine, LSD, and MDMA.

The Who

This essay addresses what parts of the world use drugs the most. While I was already quite familiar with the high levels of drug use in the United States, I did learn a bit about where Alcohol and drugs were consumed worldwide. Statistics are provided that show just how prevalent legal drugs, such as Caffeine, Alcohol, and Nicotine are in the world. The most shocking statistic to learn of was just how many deaths are caused by Cigarette smoking! Cigarettes are *directly* responsible for nearly one in every six deaths. In China, the number jumps to more than one in every five deaths!

There are several charts and maps to present data in the most accurate way possible so that the reader can easily see where drugs are consumed the most frequently.

The Where

What is discussed in this essay are places that people may take drugs. The most common place that people use drugs is at home. They may take prescription medications as per the suggestion of a doctor, or they may use illegal drugs in the comfort of their own home. In addition to this, there are social settings, such as bars, clubs, raves, and music festivals. The least common use of drugs in the modern day is probably for religions or ritualistic purposes, though this was likely the most common way drugs were consumed thousands of years ago.

The Why

This is likely the most interesting question for my drug naïve readers. Why would anyone want to take drugs in the first place? I begin with an “acceptable” reason for why people take drugs – medically, and then I move into how drugs can be used as tools for personal growth. I also acknowledge that some people take drugs for spiritual reasons, and point out multiple indigenous cultures that have done so for hundreds of years. The last and likely most controversial reason people use drugs is for recreation. In other words, simply because they are fun. Similar to casual Alcohol or Caffeine use, people can use drugs just to enjoy themselves.

The How

I saved this essay for last, as it may be the densest of all the essays in Part I. Here, I try to give a little more of the biochemical reasons behind how drugs work. Many people have heard of neurotransmitters like dopamine or serotonin, but what do they really do? I try to give a very brief but also detailed description of some of the neurotransmitters and some of the drugs that manipulate these neurotransmitters. It is my hope that by describing these processes, the disconnect between what a drug is and how a drug works will weaken, and readers will better understand what is happening in the body and mind. There may also be some interest about just how similar some drugs look chemically to some of the neurotransmitters in the brain.

Sources

Carl

<https://www.nytimes.com/2021/01/12/books/review/drug-use-for-grown-ups-carl-l-hart.html>

Fat

<https://www.demilked.com/before-and-after-weight-loss/>

Fear

<https://www.amazon.com/more-you-increase-fear-drugs/dp/B01M19GGHP>

MethAdd

<https://www.addictioncenter.com/community/top-10-worst-meth-transformations/>

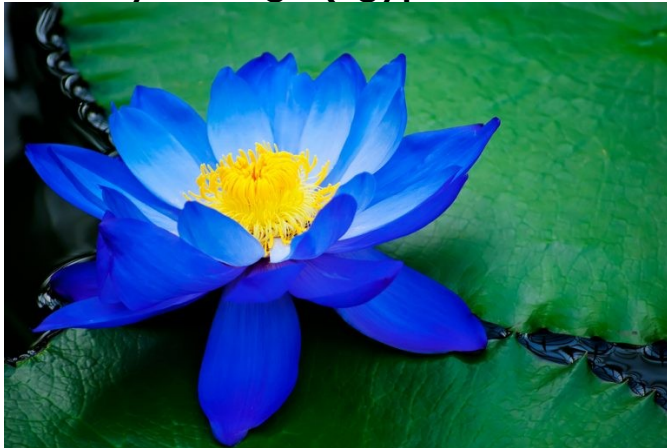
In the world we live in today, there are hundreds, if not thousands, of mind-altering drugs that exist – most of which are synthetically derived (created in a laboratory). How did we get there? What you will find below is a rather exhaustive list of drugs and a very brief description about each of them – from the earliest discovery, to the most recent synthetically derived drugs. This purpose of this is to indicate that a *wide* variety of drugs have existed alongside humanity for almost as long as recorded history allows.

16,000 years ago (Alcohol)

Some believe that Palm Wine was first enjoyed 16,000 years ago in Africa, though research is scarce [Atlas]. There is also evidence that the ancient Chinese were making producing Alcohol from rice, honey and other fruits as long as 9,000 years ago. In Iran, grapes were one of the earliest fruits to be domesticated, and evidence of wine production dates to nearly 7,400 years ago. There is some evidence of beer production that dates back 4,000 years to ancient Sumeria [NatGeo]. *Image: Harvesting palm sap so it can be turned to wine* [Atlas].



16,000 years ago (Egyptian Blue Lotus)



It is speculated that the Egyptian Blue Lotus, which is depicted in tombs and on Egyptian papyri, was used for shamanistic rituals dating back to the 14th century BCE. While difficult to find, Blue Lotus is still in use today as a sleep-aid, anxiolytic, or a stimulant. The flower's psychoactive components are most often attributed to two alkaloids: apomorphine and nuciferne [Tanford]. *Image: A live Blue Lotus flower* [KratLife].

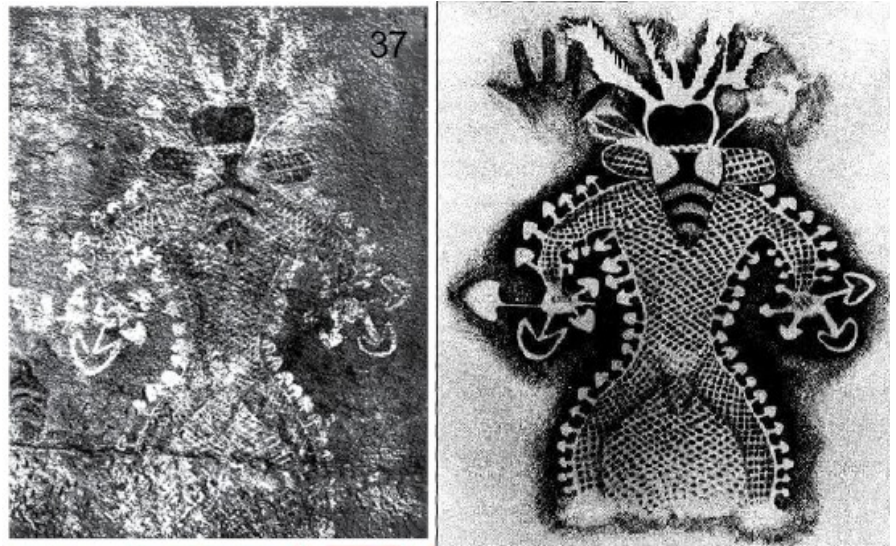
12,000 year ago (Betel/Areca Nut)

There have been remains found of Betel (Areca) Nut that are estimated to be dated to 10,000 BCE in Thailand. The exact origin of Betel Nut chewing is unknown, but it is likely at least 2,000 years old. Skeletons have been found that are 3,000 years old which may have indicated Betel Nut chewing [Rooney]. This plant is still used today, most often in Taiwan and other parts of Asia. *Image: Raw Betel Nuts* [Bet].



7,000 – 9,000 years ago (Psilocybin Mushrooms)

It was widely accepted that the earliest evidence of Psilocybin containing mushrooms was in Spain 6,000 years ago [NewSci]. Cave paintings in Algeria seem to indicate the presence of Psilocybin mushrooms. According to Terrence Mckenna, in his famous book about drugs, Food of the Gods, he believes that these cave drawings from thousands of years ago indicate a shaman holding a fist-full of mushrooms in his hands while wearing an animal-like mask. *Left Image: The cave drawing [Qmush], Right Image: a recreation of the cave art in Mckenna's book, Food of the Gods.*



8,000 years ago (Coca Leaf, Cocaine)

According to recent archaeological discovery, Peruvian foraging societies were already chewing Coca Leaves 8,000 years ago. Medical effects include reduced appetite, aided digestion, and assistance with altitude sickness. It did not appear to be a commonly used substance, but restricted to certain households of particular individuals. Possession of Coca Leaf is allowed in many South American countries [CokeHist]. It was not until the 1800's that Cocaine was isolated from Coca Leaf. Crack Cocaine was not popular until the 1980's. *Image: Coca Leaves meant for chewing or drinking in tea [CokeImg]*



7,000 years ago (Tobacco, Nicotine)



Tobacco was thought to have originally been cultivated between 3,000 and 5,000 BCE. Use of tobacco was universal across the American continents before Columbus arrived from Europe in 1492. Tobacco was smoked, sniffed, eaten, drank like tea, and even smeared over the body. It was even used in eyedrops and enemas. Natives used tobacco as a tribute to the Gods during religious ceremonies. There have been many devices used to facilitate the ingestion of the drug, but smoking seems to be the primary ceremonial use [HisTob]. Tobacco and Nicotine has been greatly altered in recent times. *Image: A Native American is smoking Tobacco [Native]*

5,000 years ago (Mescaline)

There is evidence that suggests that Mescaline containing cacti were used for religious and spiritual experiences 5,000 years ago. The drug is often found in the San Pedro

and Peyote cacti, native to Mexico and the southwestern United States. In the 1950's attempts were made to make Mescaline a psychotherapeutic agent but it never took hold [Mesc]. Mescaline did help inspire Alexander (Sasha) Shulgin, sometimes known as the "Godfather of Ecstasy", to create many drugs of his own. *Image: This is the Peyote Cactus, seen as "buttons" [Peyote].*



4,800 years ago (Ephedra, Ma-Huang)

The medicinal use of *Ephedra Sinica* in China dates back to around 2800 BCE. Ma-Huang, which refers to the stem and branch, has been used in the treatment of hay fever, the common cold, edema, arthritis, and hypotension. It has also been used as a bronchodilator (open up the airways of the lungs). Pseudoephedrine and ephedrine are contained within this plant. For the most part, use of this plant has dropped in recent years [Ephedra]. *Image: An Ephedra plant* [Wag].



4,000 years ago (*Amanita Muscaria*)



The mushroom *Amanita muscaria*, has been at the center of religious rituals in Central Asia for at least 4000 years. These mushrooms were later used in religious ceremonies in India and Siberia [Crocq]. Due to their colorful nature, they are often shown in various types of art. Perhaps most popularly, the mushroom looks like the type of mushrooms that Super Mario eats in the Nintendo videogame series. *Image: Amanita Muscaria mushrooms* [Wiki].

3,000 years ago (Opium Poppies)

The medicinal use of opium was documented in Homer's *Odyssey* in the 9th century BCE. It was written that Helen of Troy was given this magical potion so that she could treat the Greek warriors. During the 3rd century BCE, it is believed the Sumerians grew poppies and isolated the opium from them. They referred to it as "hul gil" (the joy plant) [Crocq]. It was not until the 1800's that Morphine (named after the God of Dreams, Morpheus) and Heroin were synthesized from Opium. *Image: Men in Afghanistan cultivating Opium Poppies* [Brit].



800-400 BCE (*Cannabis Sativa*)



Cannabis remains have been uncovered in certain burial sites in the Turpan Basin in northwest China, which may be perhaps indicative of medicinal or shamanic (religious) use. Cannabinol (CBN) was discovered in some of these remains, which indicates the presence of d9-tetrahydrocannabinol (THC), the main psychoactive component of Cannabis [SciMag]. *Image: A live and healthy Cannabis Sativa plant* [InsJour].

850 (Coffee, Caffeine)

According to Ethiopian legend, a goat herder named Kaldi was tending his goats when he noticed a goat behaving rather erratically after eating from a coffee plant. Upon seeing his goat jump around ecstatically, Kaldi tried some of these coffee beans himself and felt the energy [CoffHis].



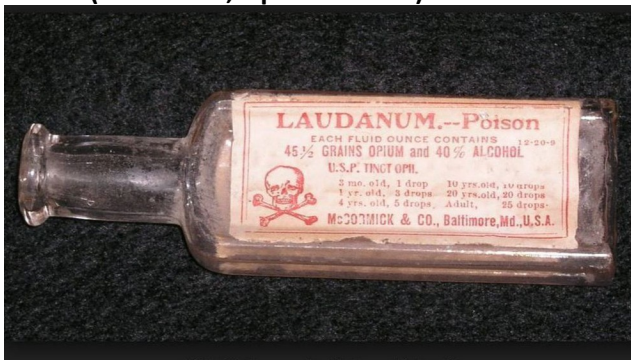
Indeed, this may be how humans came across other drugs. *Image: Living coffee beans next to dried beans ready to be made into coffee* [CoffImg].

1275 (Diethyl Ether, Ether)

The Alchemist Raymundus Lullus is credited with first discovering the substance in 1275, though there is apparently no proof of this as truth. It was first synthesized in 1540 by Valerius Cordus who called it “oil of sweet vitriol”. Sulfuric acid at the time was called “oil of vitriol”, and when combined with alcohol, it produced this substance. The name “Ether” was given to the drug in 1730 by August Siegmund Frobenius. It was first used as a general anesthetic by Crawford Williamson Long in America in 1842 [EthHist]. *Image: What a bottle of Ether looked like over 100 years ago* [EthPic].



1500's (Laudanum, Opium Extract)

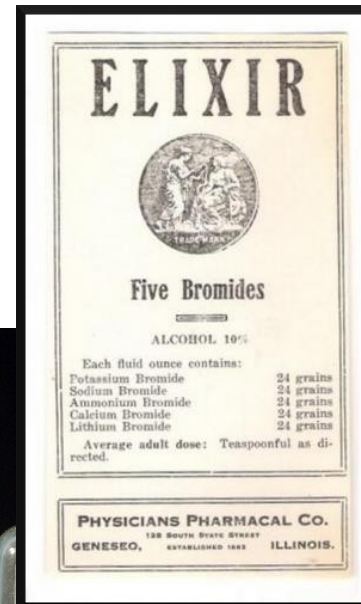


Laudanum, a tincture made from the extract of opium, was attributed to Paracelsus. Laudanum grew in popularity over the years and in the 19th century, it was used in adults and children for a variety of treatments, including insomnia, cardiac conditions, and infectious diseases [Crocq]. *Image: A bottle of Laudanum as it may have appeared over 100 years ago* [Balt].

1826 (Bromides, Potassium Bromide)

First isolated from seaweed in 1826,

Bromide was later to be used as an anti-convulsant and sedative in the 1850's. At the time, it was believed that convulsions and epilepsy were caused by masturbation and that the Bromide class of drugs would effectively mitigate sex drive. It gained more prominent use as a sedative drug in the later half of the 1800's, however, occasional delirium was experienced, making it not the most ideal drug to treat insomnia [BroHist]. Image: [BroPic]



1832 (Chloral Hydrate)

Even though Chloral Hydrate was originally synthesized in 1832, it was not introduced to medicine until 1869 where it was found to be an effective hypnotic. It is still occasionally used to reduce anxiety or produce sleep before surgery. *Image: An old Chloral Hydrate bottle and its packaging* [ChloralPic].

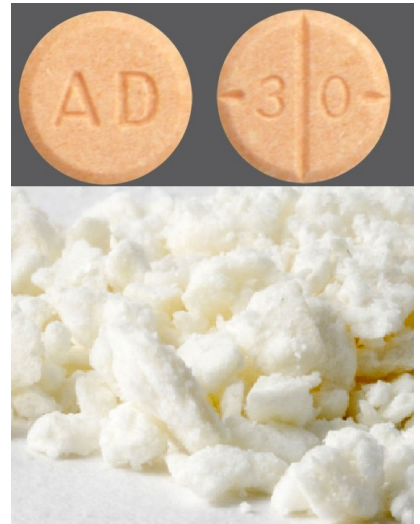
1830's (Kratom)

Use of Kratom was known to be a substitute for opium use in the 1830's until the 1920's in Malaysia and Thailand. It was also used in Southeast Asian territories as a stimulant for work or as a relaxant when consumed as a tea. Use of the drug was banned in Malaysia in 1952, but use is still widespread since the tree grows natively in the region. Kratom has been a rather recent phenomenon in the United States and Europe because it is unscheduled and can cause opioid-like effects [Kratom]. *Image: Kratom leaf, next to its powdered form, where it is sometimes placed in capsules* [KratLeaf].

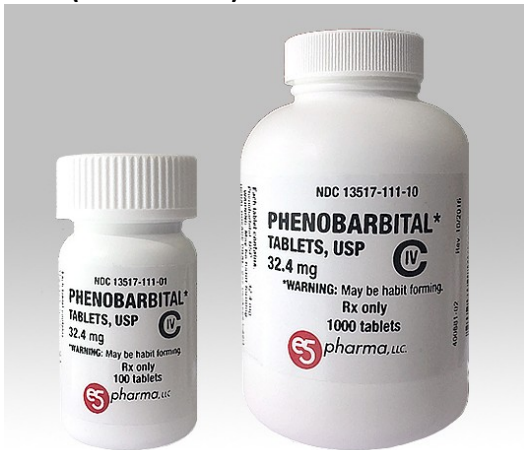


1887 (Amphetamine, Speed)

Amphetamine was first synthesized in 1887 and the racemic form of the drug was marketed as Benzedrine, intended to treat asthma and nasal congestion. It was used during both World Wars on both sides for the purpose of increasing focus and wakefulness [AmpHist]. Today, in the United States, prescription Adderall is likely where most Amphetamine will be found. In European countries, Speed (Racemic Amphetamine) can come in the form of a white powder or paste. In the United States, Speed typically refers to Methamphetamine. *Top Image: Prescription Adderall, easily obtained in the United States [AmpPic1]. Bottom Image: Street-grade Racemic Amphetamine, commonly found in Europe [AmpPic2].*



1904 (Barbiturates)



The Bayer company first brought Barbiturates to use medicine in 1904. The discovery of this medicine was useful in a therapeutic setting at the time. Many patients who experienced psychosis or emotional repression became more treatable with the introduction of this medication. They were also useful for treating insomnia [BarbHist]. In the present day, these drugs are rarely prescribed, since other more effective drugs have taken their place. Image: Sample Phenobarbital prescription bottles, one of the more popular Barbiturates [BarbPic].

1912 (MDMA, Ecstasy)

MDMA was first

synthesized in 1912 by the German pharmaceutical company Merck, but there were no known studies done on humans. In 1927 and 1959, the effects were studied, but not in humans. It was not until the 1970's when Alexander (Sasha) Shulgin, and other noteworthy psychotherapists rediscovered the drug as a successful therapeutic agent in humans [MDhist]. *Image: MDMA in its purest form, as a rock or crystal. The color can vary, but this seems to be the most common color I have seen [MDpic]*



1919 (Methamphetamine, Speed)

Methamphetamine was first synthesized from ephedrine by the Japanese pharmacologist Akira Ogata in 1919 [MethHist]. The drug was used as a prescription to treat obesity and narcolepsy as the years progressed. It is rarely prescribed in modern times due to its more addictive nature. Methamphetamine abuse is still widespread throughout much of the world. *Image: These are highly pure crystals of Methamphetamine. Finding Methamphetamine this pure seems to be uncommon [MethPic].*

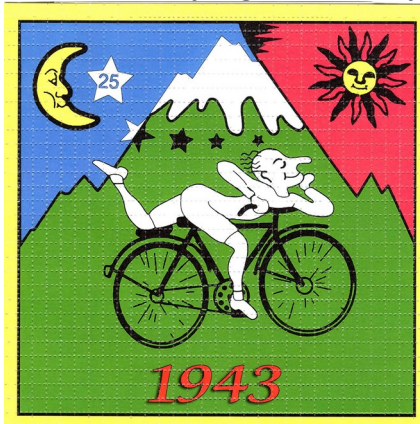


1920's (Gamma Hydroxybutyrate, GHB)

Despite originally having been synthesized in the 1920's, it was not until the 1960's where it was researched as a potential anesthetic agent. GHB is actually produced in small amounts by the body, but its physiological action is unclear. It was sold as a performance enhancer for body builders until it was made illegal in the 1990's. GHB is still used today as a recreational drug, most commonly among homosexuals [GHBhist]. *Image: GHB, and its chemical cousins GBL and 1,4-BDO are commonly found in liquid form contained in vials [GHBpic].*



1938 (LSD-25, Lysergic Acid Diethylamide)



The drug was first created by Swiss chemist Albert Hofmann in 1938, but it was not sampled by him until 1943. He reportedly accidentally ingested LSD while doing a synthesis of the compound. Hofmann reported stimulated imagination, enhanced color sensitivity, and a mild intoxicated-like state [LSDbook]. This is perhaps the most well-known synthetically-derived psychedelic drug in the modern world.

Image: LSD can be found on paper squares, with various types of art as a background. This is one of the more popular designs to show "Bicycle Day", the day Hofmann first intentionally experienced LSD-25 [LSDpic].

Benzodiazepine, Chloradiazepoxide followed shortly after in 1963. advantage over their cousin, doses could be administered with depression was less prevalent. In the the "most frequently prescribed" list received by so many medical *Alprazolam (Xanax)*, one of the most Benzodiazepines in its highest dose

1955 (Benzodiazepines)



In 1955, chemist Leo Sternbach identified the first (Librium). Diazepam (Valium) Benzodiazepines had an Barbiturates, because higher relative safety since respiratory 1970's, Benzodiazepines topped of drugs as it was so well-professionals [BenzHist]. *Image: commonly prescribed form – a "Bar" [BenzPic].*

1956 (Phencyclidine, PCP)

Phencyclidine was originally developed by Parke-Davis in 1956 for use as a veterinary medication. It was used briefly as a general anesthetic in humans, but because of rather powerful side effects, such as distorted self-perception, severe disorientation, and possible psychotic behavior, the drug fell out of favor [PCPhist]. PCP seems to be a more common drug in impoverished neighborhoods of cities in the United States. *Image: Although I never took the drug, it seems the most common way of use is by dipping a cigarette in the liquid form of the drug [PCPic].*

1960's (Synthetic Cannabinoids, Spice/K2)



The first Synthetic Cannabinoids were

synthesized in the 1960's. The most commonly known chemical was named HU-210, since it was designed at the Hebrew University. In the 1970's Pfizer created its own class of Synthetic Cannabinoids. In the 1990's, chemist John W. Huffman created his famous JWH compounds which were the substances most commonly found in the herbal smoking blends like Spice, K2, and Incense in the early 2000's

[SynCanHist].

1962 (Ketamine)

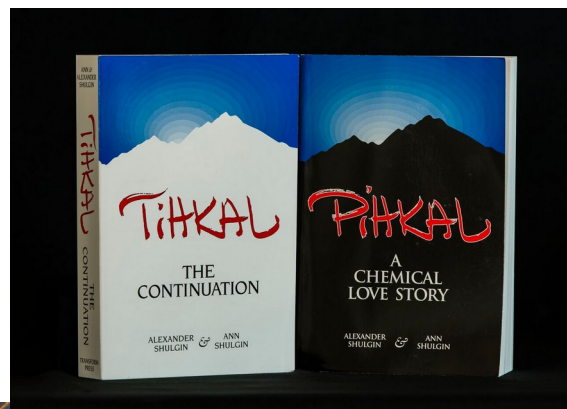
Ketamine was originally developed with the intention to be a safer alternative to Phencyclidine, as the side effects were often extreme and unpleasant. It was originally developed by organic chemist Calvin Stevens in 1962. It was first tested on humans in



1964, and the side effects were much more manageable. The duration of effect was manageable, and compared with PCP, delirium was lacking [KetHist]. Ketamine is an excellent anesthetic because it creates unconsciousness without depressing the heart rate to unsafe levels. *Image: Recently, Ketamine has been approved for use as an intranasal antidepressant to treat patients with treatment-resistant depression* [KetPic].

1991, 1997 – Publication of PiHKAL (1991), and TiHKAL (1997)

These books were written and published by Alexander (Sasha) Shulgin and his wife, Ann Shulgin. The first half of each book includes stories from Sasha Shulgin's life, while the second halves include directions for synthesis of 234 compounds. Having tested the compounds on himself on various occasions, there are detailed reports of what effects these substances can have. It is indisputable that the publication of these books gave rise to other chemists exploring these and similar drugs, causing a boom in the Research Chemical industry. *Image: The covers of the two books that were written* [ShulgPic]



December 2019

As of December of 2019, over **950 unique research chemicals** (NPS) have been identified by the United Nations Office on Drugs and Crime (UNODC). The emergence of these chemicals was most popular in the United States, Canada, the United Kingdom, Germany, Poland, Russia, China, and Japan [UNODCsource]. These substances are broken down as such: 36% Stimulants, 31% Synthetic Cannabinoids, 15% Hallucinogens, 8% Opioids, 3% Dissociatives, 3% Sedative-Hypnotics, and the rest are unassigned [UNODCsource]. *Image: Sample trading cards of known psychoactive compounds, ETH-LAD and 1P-LSD offered by Research Chemical vendor, Chemical-Collective* [CClink].



For a description of what Research Chemicals are, please read my article [What is a Research Chemical](#) posted on Chemical Collective. For more details on a history on some of the more specific Research Chemicals/NPS that exist today, feel free to read my other article [Basic History of Research Chemicals](#).

ARE ALL THESE DATES 100% FACT?

How can I honestly possibly know if all of these dates are true or not since many of them happened hundreds or thousands of years ago? I merely collected information that the internet provided for me. Some of the dates are pure speculation (as reported by the resource itself), and I tried to indicate that within each description. I feel confident that if I could read and speak many other languages, the depth and accuracy of information would increase, since I would be able to search the internet in other languages. My hope is that the point is conveyed that a wide variety of drugs have been around for thousands of years.

WHY DID YOU NOT NAME SOME OF THE MORE RECENTLY CREATED DRUGS?

The purpose in compiling this list was to indicate when what I deem to be the Major drugs were discovered or created. Many of the more recently synthesized drugs, sometimes referred to as Research Chemicals or Novel Psychoactive Substances (NPS), are often relatives of the drugs that were mentioned. For instance, Methoxetamine, a more recently created chemically similar drug to Ketamine, and Methylone, a recently created chemical similar to MDMA, were not mentioned. This is mostly due to the fact that if I were to start mentioning a few of these Research Chemicals, I would feel compelled to list them all (and there are potentially thousands). I could make a list, but that would require a whole

book in itself. For now, the takeaway from this is that more and more drugs have been developed in recent years, and they are most often chemically related to drugs that already exist.

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Ayahuasca
Khat

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Why do Humans want to Explore Mind-Altering Substances?

What is it that drives some people to seek out mind-altering drugs? Is there some sort of innate desire that makes us want to experience an altered sense of consciousness? I believe that humans were initially introduced to many of the psychoactive plants they know of today by other animal species. It is likely that they observed these animals consuming various mind-altering plants, such as psychedelic mushrooms or opium, and noticed a change in behavior. Humans, as the inherently curious creatures that they are, may have wanted to emulate what they saw in the animals, especially if they noticed the animal seemingly behaving more excitedly.

Perhaps, from an evolutionary point of view, in ancient humans, it would have been wise to take advantage of the effects of a drug that would cause a change in behavior or perception. This may have allowed for the ability to contemplate new ways to hunt or explore, which would have allowed for a greater depth of human experience, potentially extending lifespan.

In this essay, we will visit some animals that take drugs in a more natural setting first, then look at animals that have an appreciation for drugs in an arguably artificial setting, such as a laboratory or a zoo.

Wallabies and Sheep on Opium



As Australia accounted for around half of the world's legally grown Opium at the time this article was written, it is no surprise that animals might occasionally wander into the large poppy fields. It was observed in 2009 by Tasmanian Opium poppy farmers that strange circles were appearing in the crop fields. Wallabies were said to "... [enter] the poppy fields, getting high as a kite and going in circles... We see crop circles in the poppy industry from wallabies that are high." There have also been reports of sheep doing the same thing, eating poppies and wandering in circles [Wally]. *Image: A wallaby in Australia, a relative of the Kangaroo [Wally].*

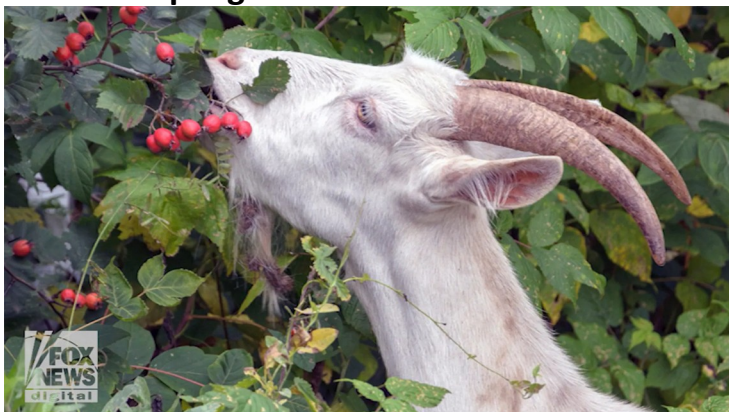
Reindeer eating Magic Mushrooms (Amanita Muscaria)



Unlike the psychoactive mushrooms most commonly eaten by humans, *Psilocybin Cubensis*, reindeer will apparently go to great lengths to seek out a different type of psychoactive mushroom, *Amanita Muscaria* (Fly Agaric). These mushrooms can cause them to behave as if slightly drunk and make strange noises. Humans have also sought out these mushrooms for their psychoactive properties, likely

after having observed reindeer consume them. Because the mushrooms can occasionally possess a toxic quality, reindeer herders in Europe and Asia have collected the urine from reindeer after they have eaten mushrooms in order to create a safer experience [Rein]. Some believe the mythology behind the jolly red Santa Clause and his flying reindeer was inspired by the consumption of these drugs. *Image: A reindeer seeking out Amanita Muscaria* [ReinPic].

Goats Sampling Various Stimulants



According to Ethiopian legend, goatherder Khaldi observed his goats eating little red berries from some brush on the ground. These were the coffee berries, containing the coffee beans we are familiar with today. Noticing how the behavior of his goats had changed, he ate the berries and found the effects rather enjoyable. Whether this legend is true for determining the origin of coffee, what is true is that goats will occasionally indulge in this plant [Goat]. *Image:*

Picture of a goat eating coffee berries [GoatPic].

Goats were also known for consuming Khat, another type of plant stimulant. In the Middle East, according to legend, a Yemeni goatherder observed his goats eating this plant and then sampled it himself, noticing enjoyable stimulant effects [Goat].

Various Species of Birds that Indulge in Fermented Fruit

There are many reports of birds that smash into windows due to intoxication from consuming fermented fruits or grains. Finches, waxwings, and starlings seem to be the most vulnerable to this intoxication. Some species of birds enjoy it so much, that they will seek it out. In one particularly extreme circumstance, waxwings



were found dead in a heaps near sources of fermented rowan berries, with post-mortem examinations indicating they died drunk from alcoholic liver disease [Goat]. Image: Waxwings that are either unconscious or dead due to Alcohol intoxication [WaxPic].

Dolphins Passing a Puffer Fish Around to induce Intoxication from Venom

This example I find the most fascinating, because unlike almost every other example in this essay, the intoxicant of choice comes from another living being – a fish! Every other instance of drug here is plant-based. According to a television program “Dophins: Spy in the Pod”, dolphins were filmed passing around this toxic fish, seemingly deriving pleasurable effects from its venom. They will pass the fish back and forth between each other for 20 to 30 minutes at a time in a more gentle manner, compared to the fish that they would eat for sustenance, which were “swiftly torn apart.” It was also noted that the dolphins seemed to be intending not to harm the fish, just allowing its venom to be absorbed by them [Dolphin]. Dolphins are considered some of the most intelligent animals on the planet, based off their brain-to-body ratio. *Image: Dolphin with a pufferfish in its mouth, likely for the purpose of pleasure* [Dolphin].



Other Animal Species that Indulge in the Consumption of Psychoactive Drugs

There are several other animals known to consume psychoactive plants. Big horn sheep in the Canadian Rockies were observed eating hallucinogenic lichen. Horses and other grazing animals will become addicted to locoweed, causing impaired vision and aimless wandering. In South America, jaguars have been filmed behaving in a “kittenish” manner after gnawing at the roots and bark of yage, a hallucinogenic vine that has special ritualistic ceremonial use to nearby tribes. Boars, porcupines, gorillas, and mandrills will dig up and eat the hallucinogenic roots of the West African native drug, Ibogaine [Goat]. Ibogaine is a fascinating psychedelic drug as it can allegedly “reset” the receptors in the brain of those who have Opioid addictions. It is also an effective drug to deter addicts from returning to their drug of choice. *Image: Ibogaine roots native to West Africa* [Iboga].



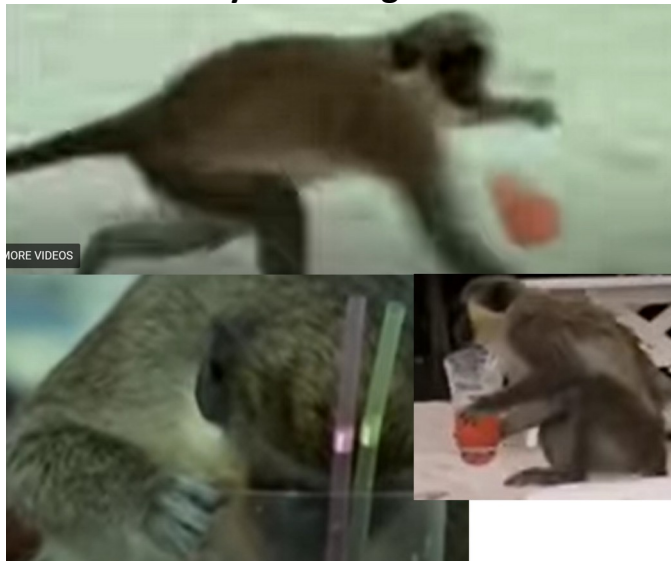
The following examples are of non-human animals using drugs that are human-made and most often used in artificial settings, such as laboratories or zoos.

Chimpanzees and other Monkey Relatives Smoking Cigarettes

There are multiple videos on social media platforms, such as YouTube, that depict various types of monkeys smoking cigarettes. Apparently, the curiosity can develop from observing humans, causing the monkeys to pick up unfinished cigarette butts discarded nearby from humans. Humans take an amusement in watching monkeys smoke and then provide them with more cigarettes and the habit is formed. This has caused outrage amongst animal rights groups [MonkSmoke].
Image: Two different monkeys smoking cigarettes, the left from the 1980's, while the right is nearly present day [MonkSmoke].



Vervet Monkeys Drinking Alcohol



In the islands of the Caribbean, there is a species of monkey that will steal the drinks of unsuspecting travelers. Interestingly, upon capturing 1000 monkeys and doing a study on their drinking habits, they seemed to fall into similar patterns to humans. About 15% were teetotalers, preferring little to no alcohol. Another 15% were regular drinkers, preferring their alcohol “neat” or diluted in water, and performed well in social environments. The majority were social drinkers (perhaps 65%) and enjoyed their alcohol diluted with fruit juice, never drinking before lunch, and always in the company of other monkeys. The minority 5% were classified as binge drinkers, drinking to

excess, getting into fights, and sometimes drinking enough to cause unconsciousness. Similar to humans, the majority in this group were young males [Vervet]. I believe this says a lot about how humans function, based on the behavior of the evolutionary relative documented here. *Image: The picture*

quality is blurry, but here are several examples of monkeys stealing drinks. For a better view and accompanying video, please see the source linked [Vervet].

Mice on Methamphetamine

According to one study, after supplying mice with Methamphetamine for 10 days and then ceasing administration, mice still craved the drugs months later. This sheds a light on some of the motivation behind addiction [MethMouse]. *Image: This is a picture of a mouse [MousePic].*



Rats have Taken more Drugs than any other Animal... Though not by Choice

From my understanding, rats have been used in more drug studies than any other animal.

Fruit Flies Consuming Alcohol and Developing Homosexual Tendencies



One study sought to study the relationship between Alcohol and increased sexual arousal and disinhibited sexual behaviors in humans by looking at animal models. In this instance, researchers studied *Drosophila* (The common fruit fly). Interestingly, after multiple days of Alcohol administration, males began to exhibit "intermale courtship," which could be described as homosexual tendencies. The more alcohol that was consumed, the greater the intermale courtship. When it came to males courting females, chronic alcohol exposure altered behavior by increasing rates

of sexual arousal while simultaneously decreasing sexual performance [FruitFly].

Cats Using Catnip

I saved the most popularly known animal drug for last – catnip. Many people have heard of this plant, even if they do not own a cat. Some people have a vague idea of what the drug does, but the effects can actually be rather unpredictable. Usually, when a cat smells catnip, the nepetalactone, an essential oil of the plant, will trigger happy feelings in the cat's brain. Eating it can sometimes have an opposite



effect, mellowing the cat out. Some cats may become more friendly, while others may become more aggressive [Cat]. *Image: A cat showing loving embrace to a catnip plant* [CatNipPic].

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Vervet

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<https://www.wbrc.com/story/35060662/drunken-birds-common-this-time-of-year/>

What is a Drug?

First, it's time to Define what a Drug actually is

Before we get into the dominant topic of the book concerning the legalization of drugs, I believe it is necessary to define what a drug actually is within the scope of this book.

A drug is any substance that is taken into the body in some way from the external environment, which produces an altered state of mind or a change in mood. This does not include real food.

When I say “real food” in this case, I mean foods that are grown in the ground or that walk or swim on the earth. From the animal kingdom, real foods include beef, chicken, pork, fish, eggs, and milk. From the plant kingdom, carrots, tomatoes, corn, apples, and avocados are some of the many real food options. Real food can also include non-psychoactive fungi, such as portobella, wood ear, or maitake mushrooms. For the most part, I do not consider any processed foods, such as candy, chips, soda, and other such snack items as real food. Due to some of the high levels of Sugar in some of these products, I actually consider them food-drugs, since consumption of these false foods can produce addictive and mind-altering effects from the excess sugar. For more information about the power of Sugar as a drug, please see the Sugar chapter in my first book, [Here](#).

What about drugs that have an effect on physiology, rather than psychology, such as blood pressure, digestive, or cholesterol lowering medication? While these medications are certainly drugs, for the scope of this book, they are not included in my definition of what a drug actually is. I acknowledge that some of these drugs can produce mind- or mood-altering effects, but since that is not their primary focus, it will not be the focus of this book either. Psychiatric medications that have the dominant focus of altering the mind, such as anti-depressants, ADHD medications, and mood-stabilizers, will be discussed later, however.

Additionally, endogenous drugs (drugs that come from within the body), such as endorphins that are produced during activities like exercise do not count as drugs for this book. There are many ways to alter consciousness without the use of external drugs, such as sex, meditation, deep breathing, or sleep deprivation. For a brief summary about the ways the mind can be altered in this fashion, please see my essay in Part V: “Getting High without Drugs”.

What are some Classifications of Drugs?

Now that we have defined a drug, since the definition is still a bit general, it is prudent to describe some of the classifications that drugs can be divided into. Most drugs will fit into one of the several categories of drugs described below. While drugs can be grouped into many different categories, I tried to select which drug fit best into each category. Some drugs may appear more than once to show that they have multiple abilities, and some drugs may not appear at all because creating a list of all drugs would be too exhaustive!

Stimulants are drugs that speed up the processes of the body. The most common drugs in this category are Caffeine, Cocaine, Nicotine, and Amphetamines. Effects can include increased heartrate, more rapid rate of respiration, sweating, and decreased appetite. Some users of stimulant drugs will claim that there is increased motivation and productivity.

Depressants, sedatives, or tranquilizers are drugs that slow the processes of the body down. Common drugs include Alcohol, Opioids, Benzodiazepines, Ketamine, and Barbiturates. Effects can include decreased heart rate, drowsiness or sedation, and decreased rate of respiration. With most drugs in this category, while there is usually a relaxing effect, it is often combined with emotional blunting or numbness that takes away from the human experience.

Opioids deserve their own category, since there are so many varieties. Although they generally have a depressant effect on the body, at low doses for me, they can occasionally feel stimulatory. The most common Opioids are Fentanyl, Diacetylmorphine (Heroin), Oxycodone, and Morphine. They are very effective at mitigating feelings of pain (analgesia) in the medical field, but among the general population, this class is notorious for its ability to cause addiction. Indeed, Opioids seem to be very efficient drugs for escapism.

Dissociatives are drugs that cause a feeling of separation from the mind and the body. Many have probably heard of the anesthetic drug Ketamine as a dissociative, but other common drugs include Nitrous Oxide, Dextromethorphan (in high doses), Phencyclidine (PCP), and Methoxetamine. Aside from this feeling of detachment, other effects include impaired memory and motor skills, and visual or auditory hallucinations at high doses.

Psychedelics are drugs that cause a profound change in perception. Common drugs include Lysergic Acid Diethylamide (LSD-25), Psilocybin mushrooms, and Dimethyltryptamine (DMT). Effects that come from these drugs are the most varied of all drug classes. These include everything discussed so far from the stimulants, depressants, and dissociative classifications. Additionally, depending on the dose and psychedelic drug that is taken, users will experience greatly altered perceptions of themselves and their external environment. There is a greater tendency to experience visual and auditory distortion with these drugs than with others. People usually report lasting positive effects from psychedelic drugs, though there are others who experience quite unpleasant effects while under the influence, that may persist after the dominating drug effects dissipate.

Empathogens are a fairly new classification of drugs. MDMA is the most noteworthy example in this case. Drugs of this class are said to increase the ability to connect to others on a more personal level, in other words, to increase feelings of empathy. This has been proven in many studies for this particular substance. There are few other drugs that meet this classification, most often also in the psychedelic category.

Cannabinoids most commonly refer to the psychoactive compounds found in the flowers of the Cannabis Sativa plant. These include delta-9-Tetrahydrocannabinol (THC), Cannabidiol (CBD), and Cannabigerol (CBG). While not actually cannabinoids, the term can also refer to terpenes contained within the flower, such as Myrcene, Pinene, Geraniol, and Humulene, that can have psychoactive or physiological effects. Also in this category of drugs are Synthetic Cannabinoids, which are synthetically derived and are not from the Cannabis Sativa plant. These drugs include JWH-018, UR-144, AB-FUBINACA, and AKB-48. After chemical synthesis in a laboratory, these drugs are often sprayed onto various types of plant matter, such as damiana or marshmallow leaf, in an attempt to emulate the appearance of Cannabis. Effects of cannabinoids vary greatly and include stimulation, sedation, altered perception, hallucinations, and psychedelia.

For the sake of brevity, for the most part, only the classifications of drugs mentioned above will be used. The categories listed above are just a few of the many classifications of drugs. Other categories include, inhalants, hallucinogens, research chemicals, analgesics, and anesthetics.

Where are drugs most commonly used?

Drugs can be used Anywhere!

While this may be the best answer to the title question of this essay, it is not very specific. There are some places that are better known for the consumption of drugs. I believe that the most common place that drugs are consumed is at home. Most people are taking prescription medicines at home, or if users are addicted to drugs, that is probably where they are using as well. Aside from the comforts of home, drugs can be used in bathrooms, at restaurants, in parks, on buses, in the street, or even on planes. Truly, anywhere a person can be, a drug can also be.

Where is Alcohol commonly Consumed?

There is a heavy association with the consumption of beer and other Alcoholic beverages at sporting events, particularly American football. At soccer (called football almost everywhere else!) matches throughout the world, Alcohol is frequently consumed as well. Baseball and basketball games also seem to tend towards a higher incidence of Alcohol consumption. At Tennis matches, from my past observation at the United States Open, there seems to be a limited number of people consuming Alcohol.

Alcohol is also commonly consumed at large gatherings, such as weddings or funerals. Weddings are usually a time when almost everyone is feeling joyful, where funerals are a time when many are lacking in joy. In both occasions, the addition of Alcohol can provide a mild increase in mood, as well as a decrease in inhibitions, which can facilitate social interaction.

In addition to these large gatherings, Alcohol is commonly consumed at small gatherings as well. From what I have seen in America, when families get together at Thanksgiving, Christmas, and other holidays, there is usually Alcohol present. From those who I have talked to in other countries, they also seem to consume the beverage during various national holidays.



Perhaps the most popular place for Alcohol consumption outside of the home environment is at bars and restaurants. Places like these are all over the world, save for countries that work to keep Alcohol illegal. Usually, if someone is going to a restaurant or bar to consume the drug, it is to have some degree of social interaction, even if it is just with the bartender or waiter. If the consumer *only* desired Alcohol, they might as well just drink in the comfort of their own home. These establishments are money making businesses, sometimes charging five or ten times more than what the same size drink would cost if not in a social place. As an example, though I *very* rarely drink, my go-to drink of choice is a gin martini. Traditionally, gin martinis will have about three ounces of gin, but will cost between \$12-\$17 in one of these places, sometimes even more

expensive in bigger cities. If I were to buy a bottle of gin for myself, and pour my own three-ounce

martini, it might only cost about \$2-\$3. Again, if I am going to be spending five or ten times more for alcohol at a bar or restaurant, I am also paying for the environment, which includes social interaction with friends or staff. *Image: A shot of a bar at Christmas time, where people are coming together socially to enjoy in the consumption of Alcohol [RedPos].*

Potential Drug Consumption at Clubs

While Alcohol is consumed at clubs very regularly, there are also some places that have a reputation as a “drug club” where people will go to indulge in drugs. The most common drug at these types of places is probably Cocaine, though Ecstasy, Molly, or Ketamine would not be unheard of either. Psychedelic drugs were rarely used at these types of places, from my observation. It would depend on the type of location, if it was known for playing dance music, or had a reputation for being rather relaxed and laid back.

I can remember back to when I would frequent various clubs in New York City years ago. One club, which is no longer in business, Pacha, was well-known for being one of these “drug clubs”. The club itself was arguably rather large. There were multiple floors with multiple DJ’s playing music. The vibe tended towards more electronic dance music (EDM), including genres of house, trance, and electropop music, and sometimes big-name DJ’s from around the world would play there. Tickets were quite expensive at times, but the experience was usually worth



it. If I ever told someone I was going there, many would question, “Isn’t that a place where people do a lot of drugs?” And the answer would be, “Yes.” On the bottom floor, they had bathroom stores with a floor-to-ceiling door that would ensure privacy. This was not meant to stop people from peeping under stalls. It was meant to allow people to do whatever they wanted to in privacy without having anyone harass them. *Image: A shot of the club, Pacha, when it was still open in New York City. It has since been closed since 2015 [PachPic]*

There were pros and cons to allowing this type of behavior in a club like this. The obvious pro was that it would generate more revenue. People who enjoyed drugs wanted to come to a place where drug use was acceptable. They were willing to pay the higher ticket price so they could indulge in whatever they wanted to.

One of the major cons was that there are many people who were okay with Alcohol, but were not okay with drug use. Pacha would lose some of their customer base because of this. Additionally, if people are taking drugs, then they are less likely to be consuming Alcohol. Personally, since I generally do not like Alcohol when compared with drugs, I do not drink any Alcohol when I take other substances. For others, they may actually consume more Alcohol when they take drugs. This is apparent in the case of drugs like Cocaine, where consumption of the drug can make users want to consume more Alcohol and Cocaine side-by-side.

Perhaps the biggest disadvantage to turning a blind eye towards drug use in such a well-established club such as this, is that there were many instances of people who took too much of a drug (or who took a drug that was falsely advertised) and required transportation to a hospital. This caused obvious legal troubles for the club, and may have been a contributing factor to why the establishment eventually closed.

Raves

What exactly is a rave? Having been to countless raves in my life, I think I can provide an adequate definition. There are two types of what I would consider a “rave”. The first is conducted in a club-like environment. It may look a bit less like a formal club. While Alcohol may be served, the bar that it comes from has more of a make-shift look to it and is not as organized as it might be at a traditional club. The establishment is likely known and searchable on Google Maps. Security of some form is usually present, but drug use is still fairly prevalent. As long as people are not flaunting their drug use, security usually leaves them alone. Dealers may walk around and try to sell various substances to people. Usually, lesser-known DJs were playing music. Music varied between all types of electronic music: house, drum and bass, dubstep, EDM, europop, electronic, trance, psytrance, etc.



The second type of rave is very “unprofessional”. They are usually hosted in abandoned warehouses or in someone’s large house. Alcohol was usually not readily available at these types of places. Depending on the size of the event, there may have been some amount of security present, but they usually let people do what they wanted to. People were usually doing drugs out in the open, without excusing

themselves to bathroom as they would at other events. The crowd was usually smaller, but the sense of community was usually greater. I met many wonderful people at these types of places. *Image: This is a shot of a warehouse rave in the UK [UKpic].*

The most commonly sought-after drug at these types of places was usually MDMA, though Ketamine use seemed to be fairly common as well. Many would also take psychedelic drugs, such as LSD or Psilocybin mushrooms. It was common for people to combine all three of these drugs together as well. Cocaine use, which many associate as a common party drug, was actually quite uncommon at places like this. Few people experienced adverse drug effects at places like this, since many of these people were more informed about drug use before they would ingest the drug, and therefore seemed to use drugs more responsibly.

It was the rave scene where I really fell in love with MDMA and the type of people who went there. At almost every event, whether I had taken a drug or not, there was an unspoken friendliness. People were generally nice to each other, and would come up to people they did not know and start conversation. I

will admit that most of the people that I would converse with at these events were on some type of drug, but it did not take away from the experience.

I am not sure how prevalent raves are in modern times, especially after Covid. I believe that police have taken more notice of these more clandestine types of parties, and that enjoying raves in the way they used to be enjoyed is far less common.

Circuit Parties

Those who are not of the homosexual orientation will probably not be aware of what these parties are. Since I am rather gay, I can shed some light on what kind of activities happen here. Circuit parties are essentially raves meant for gay men, though sometimes women may come. It is worth mentioning that out of the hundreds or thousands of men who attend, there will only be about 10-20 women. Circuit parties are often hosted in formal clubs, occasionally with big-name DJs, depending on the size of the party. Minimal clothing is usually worn by the men who attend, as they are usually trying to attract other men for the purpose of sexual activities.

Similar to raves and drug clubs, drug use is rampant. Euphoric stimulant use, such as Cocaine, Amphetamine (usually Methamphetamine), and MDMA is probably the most prevalent, though GHB, usually in the form of GBL or 1,4-BDO (both turn into GHB in the body) is probably equally prevalent. Many of these drugs amplify sexual energy, and as a result of this, there are many who engage in sexual activities with strangers at these types of parties. Depending on the type of party, there will be some who have sex on the dance floor, though it is more likely that sex is happening in bathrooms. Some parties will have special “dark rooms” that are walled off from the main party and kept in darkness. Sometimes 50+ people will be in this environment, engaging in all types of sexual activity. *Image: This is an image of an outdoor circuit party that happened by a pool [CircParty].*



Occasionally, circuit parties will lead to after-parties at the homes and apartments of individuals where orgies and more drug-taking will take place. It is not uncommon for the prevalence of STDs to grow shortly after one of these major circuit parties.

Music Festivals

Throughout my years using drugs, music festivals have undoubtedly been the place where I have witnessed the most drug use. People who don't normally do drugs will make exceptions to do drugs at events like these. These are also some of the largest social events that occur in the modern day, with over 100,000 people attending the popular Mysteryland festival, as an example. There are many types of music festivals. My personal favorites are ones that span over multiple days, where tents and camps can

be setup so that people can stay overnight. The camaraderie at these types of places is almost always positive, and indeed, I have made several friends in places such as this. From my experience, use of empathogenic drugs, such as MDMA, and psychedelic drugs, such as LSD or Psilocybin mushrooms, seems to be fairly common, though if a person tries hard enough, they can probably find almost any other drug that they wanted. I have seen almost everything offered at some music festivals, including DMT, Ketamine, GHB, Cocaine, Prescription Amphetamine (Adderall), Alprazolam (Xanax), Clonazepam (Klonopin), Ecstasy, 2C-B, 2C-I, 25-C-NBOMe, Methamphetamine, Oxycodone, and Heroin.



Depending on the type of music festival, drug dealers will walk around rather liberally, offering a variety of drugs to those who are usually unable to get them. This can either be rather wonderful or quite terrible. If the dealer is benevolent, they may be offering high quality drugs at a reasonable price to an inexperienced user. Unfortunately, I have witnessed on multiple occasions, people who purchase drugs from these dealers, and are greeted with a substance they were not expecting. The most common

example is a person searching for Molly or Ecstasy (which supposedly contain MDMA), when there are many samples of Molly or Ecstasy that contain no MDMA at all. Users may purchase what they hope to be MDMA, and instead contains any number of euphoric stimulant drugs. These include 4-MEC, 4-EMC, Methylone, Mephedrone, Eutylone, Butylone, or Ethylone, just to name a few. In some cases, these drugs are exponentially cheaper and easier to manufacture than MDMA. Some of them are also technically legal. Drug dealers capitalize on this, buying extremely cheap lab-made drugs from China or other countries. Effects allegedly have similar effect to MDMA, Amphetamine, or Cocaine, but usually have more toxic side effects. *Image: This is an overhead view of Bonnaroo, where more than 70,000 people attended in 2019 [BonPic].*

Another big problem is that because people are using drugs at places like this who do not normally use drugs, they are oftentimes more uninformed about what they are putting into their bodies. This means in the likely event that the drug dealer does not inform a person of exactly how much of a drug to take when they sell it to the consumer, the user will accidentally use too much and suffer from adverse effects. This is particularly problematic when psychedelics are used by those who have never taken these types of substances before and accidentally do too much, either because they do not know, or because they do not “feel” the effects of a recommended dose, and take more before the effect fully manifested. The most obvious example of this is with LSD. For some, it can take nearly 90 minutes to two hours to fully come-up. In the anxious user, they may take two or three times the dose after only an hour, thinking that the first dose isn’t working. This can cause unpredictable and unpleasant side effects, and in extreme cases, can require hospitalization if the person cannot be adequately calmed down with simple conversation.

So called “Trap Houses” or “Drug Dens”

There are a multitude of other names for places like this, but essentially, they can be defined as places that drug addicts go to get their fix. These locations are usually located in impoverished neighborhoods and are arguably more dangerous than any of the aforementioned places where people can use drugs. The most commonly used drugs in places such as this are Heroin, Crack Cocaine, and Methamphetamine, though any other drug can also be used here.

While I can probably count the number of times I have been to a place like this on one hand, I have had friends tell me about some of the more extreme situations. One friend told me about a house in Paterson, New Jersey that was well guarded. Not only was there a designated person to answer the door with a gun, but there were multiple other individuals who were carrying weapons once a person made it inside the house. This friend went on to tell me that there were several other houses around who set up a sort of neighborhood “watch”, each containing people who carried weapons inside. While the police know about places like this existing, there is not much they can do, because they do not know just how many armed drug dealers may come to the defense. It is almost as if these drug dealing operations are policing themselves. It is worth noting that the defense around this particular trap house was the most intense because they allegedly were carrying the purest Heroin and other drugs in the area.

In a Ritualistic or Religious Ceremonies

For thousands of years, indigenous people from all over the world have been having ceremonies and other ritual forms of worship that feature drugs. The details of this are mentioned in the next essay, “Why do people use Drugs?”.



In addition to this use, it is important to note that modern religions still use drugs. Perhaps the most obvious case of this is in the Catholic religion (and some other Christian denominations), where wine is consumed (though the amount is usually small) because it is believed to be the Blood of Jesus Christ. *Image: In the hands of a priest, we can observe how red wine is served to those who follow the religion [Wine].*

During most Jewish holidays, kosher wine is consumed. Jewish people will also consume the beverage at various ceremonies, such as weddings, and at circumcisions. Some believe, according to the legend of the Torah, that the fruit that Eve ate and tempted Adam with was actually a grape from which wine could be produced.

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Who is Using Drugs?

Taking a closer look at the Numbers

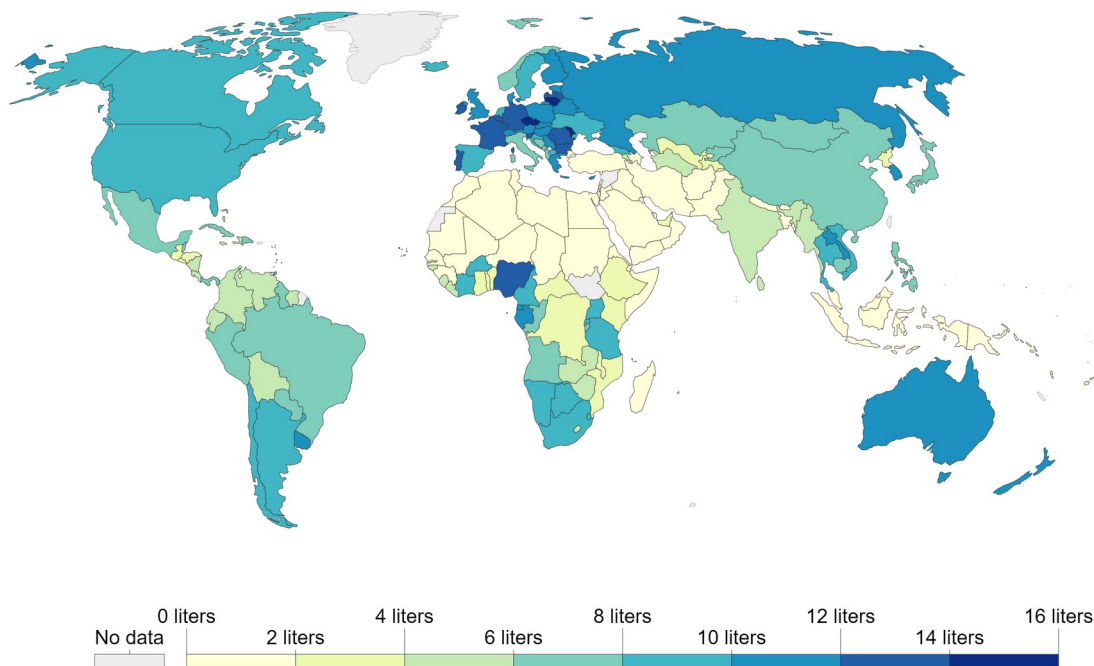
By my definition of what drugs are in the “What are Drugs?” essay earlier in this Part of the book, a majority of human beings on this planet use drugs in one form or another. Beginning with the popularly accepted drug, Caffeine, Villanova University did a study that found about **90% of North Americans** consume Caffeine on a daily basis [Caff1]. One source even says that the 90% statistic holds true for the rest of the world [Caff2]. For Alcohol, it is estimated that **43% of the world** (2.348 billion people) are current drinkers, having had at least one drink in the last year [WHO]. When it comes to Cigarettes and other Nicotine products, about **19% of the world** are Tobacco users. These legal drugs far outpace the amount of illegal drug users who admit to having used in the last year, where the UNODC puts the figure at about **5.5% of the global population** of adults aged 15-64 according to 2017 data [Unodc]. When looking to my home country in America, Dr. Carl Hart, a Colombia University professor who advocates legal and regulated drug use

Which countries Consume the most Alcohol?

It must be remembered that Alcohol is also a drug, and taking a look at where the substance is consumed around the globe can help indicate which countries are consuming the most of it.

Alcohol consumption per person, 2016

Consumption of alcohol is measured in liters of pure alcohol per person aged 15 or older.



Source: World Bank

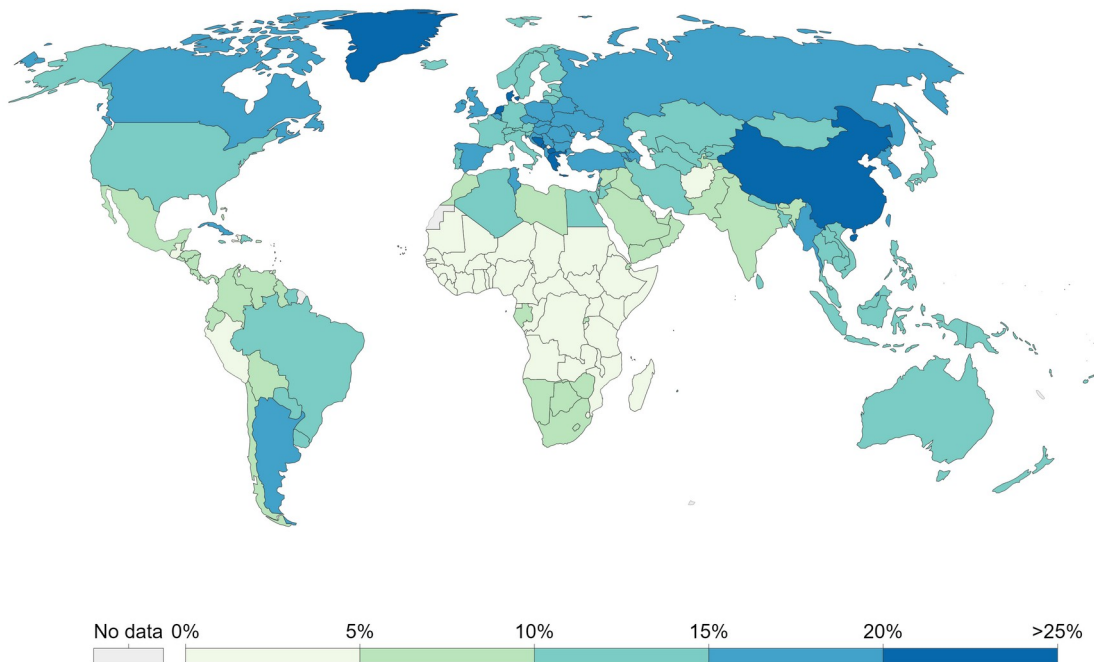
OurWorldInData.org/alcohol-consumption • CC BY

Use of Alcohol is more prevalent than the use of drugs. The highest concentrations of Alcohol consumption are in European countries, Australia, and Russia. North and South Americans consume a bit less of the drug on average. In the Middle East and north Africa, where Alcohol is illegal in some countries because of a high Muslim population, the lowest rates of consumption are evident [AlcMaps].

Which countries Consume the most Tobacco?

I must admit that when I saw the statistics behind this graph, I was appalled.

Share of deaths from smoking, 2017



Source: IHME, Global Burden of Disease

OurWorldInData.org/smoking • CC BY

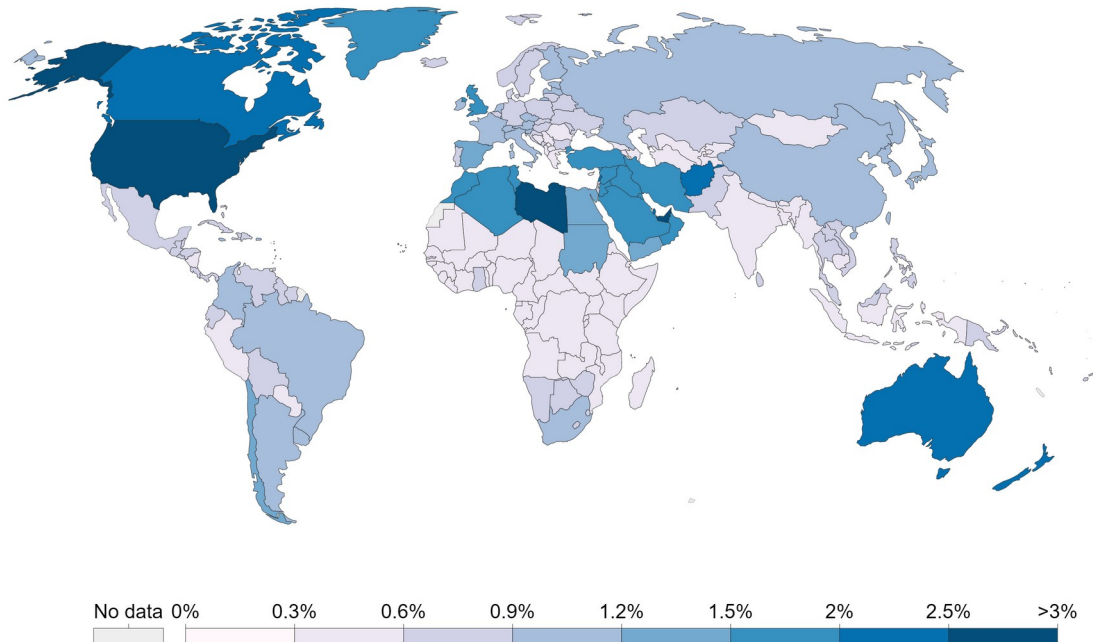
It is estimated that **15% of the global population** dies as a direct result of smoking – nearly one in every six people. The figure is even higher in China, which is a country that has the greatest population of people in the world, **with over 21% of people dying** as a result of Cigarette smoking. Smoking deaths are relatively evenly distributed around the world at about 5-15% of the total deaths. Central Africa has the lowest incidence of deaths from Cigarette smoking [Smoking].

Which countries Consume the most Drugs?

Drugs are used all over the world, but the use of drugs is concentrated in certain areas depending upon the drug in question. To get a general idea of where drug use is in highest concentration, I believe a map of the world that depicts the rate of drug use disorders will be most effective.

Share of population with drug use disorders, 2017

Drug dependence is defined by the International Classification of Diseases as the presence of three or more indicators of dependence for at least a month within the previous year. Drug dependency includes all illicit drugs.



Source: IHME, Global Burden of Disease

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It seems clear according to this graph that the United States has the biggest problem with drug abuse, with nearly 3.45% of the population meeting the criteria for drug dependence as characterized by the International Classification of Disease (ICD). There are drug abuse problems to a lesser degree in Canada, north Africa, the Middle East, and Australia. The lowest rates of drug abuse are in South America, central Africa, and Asia. Interestingly, it seems where Alcohol use is lower in parts of north Africa and the Middle East, rates of drug use are higher [DrugMaps]. It is estimated that over **2% of the global population** has an Alcohol or illicit drug addiction [DrugUse].

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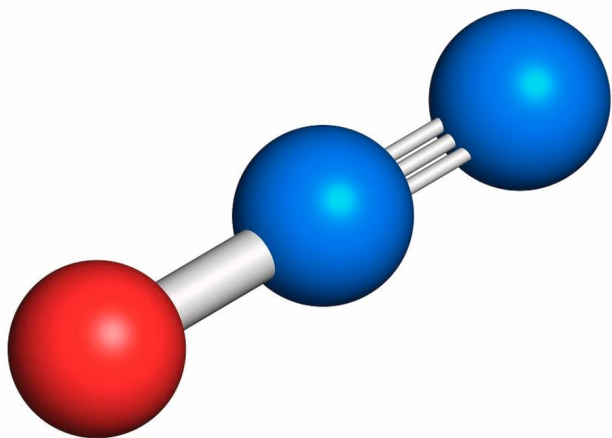
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Why are Drugs Used?

For Medical Reasons

Of all the reasons listed in this chapter for why drugs are used, medical use is probably going to be the most accepted by readers. For nearly as long as drugs have existed, they have had medical application. Some of the earliest known medical use of drugs was from Alcohol. People would use it to numb pain, whether physical or emotional. As the years progressed and Opium was discovered, this became a far better treatment for pain than almost any other substance that had been known to humankind previously.



Aside from pain, anesthetic drugs are also very valuable. For many years, it was difficult to perform any type of surgical procedure on a person with drugs that existed naturally. It was not until chemistry started to become more researched and prominent that more useful anesthetic drugs were developed. Chloroform, Ether, and Nitrous Oxide were used in the 1840's and 1850's with some success [Anes]. As time progressed and chemistry became more advanced, dissociative anesthetics such as Phencyclidine and Ketamine were discovered. Based on my research, I believe Ketamine is one

of the better options for anesthesia in today's world. *Image: Pictured here is the very simple Nitrous Oxide (N₂O) molecule. This drug is more commonly used today recreationally as a party drug for its dissociative effects than it is for surgical anesthesia [AnesPic].*

Over time, medical use of drugs has evolved to cover even more ground. Aside from physiological drug treatments, such as modifications of blood pressure, thyroid, or cholesterol, there have been great advances in the field of psychological drug treatment in the form of psychiatry. The reader need only look at the most recent Diagnostic and Statistical Manual (DSM-5) to see the nearly 1000 pages which list currently accepted mental disorders.

Many people acknowledge this medical research as fact, and the resulting prescriptions of drugs by doctors that follow. My concern grows as the number of mental disorders grows in today's society. To address this issue, please see my essays in Part II that address the pharmaceutical industry and its **trillion-dollar** annual profits.

The lines seem to get a little blurred when we talk about self-medication with drugs. In recent years, I have observed a fairly large shift in thought about self-diagnosis and self-medication. It is said that really only a medical professional can diagnose a person with a certain mental disorder or ailment, and while this is an ideal situation, there are many that simply do not have access to these types of doctors, either for financial reasons or because of a lack of local availability. So, what can these people do? If they are like me, they likely looked up symptoms of their disordered behavior online and may have tried to treat themselves at home. If they decided to post about this experience online or ask for help from online communities, they are often heckled and told to go see a professional.

What if the situation is not very serious, as in the case of sinus congestion or headache? People self-medicate themselves with drugs to treat these common ailments on a fairly regular basis without the help of a professional.

To address this issue more thoroughly, there is an essay regarding self-medication in Part IV about proposed solutions when legalizing drugs.

As Tools to increase Personal Abilities

I learned about the use of drugs for this purpose from a man that I admire greatly, the late Alexander (Sasha) Shulgin. Since he developed over 200 unique psychoactive compounds, he certainly experienced a range of effects from these substances. He is reported to have synthesized drugs that can make time feel like it is slowing down, or even going in reverse. There were also drugs created that can cause drastic life-altering changes in perception. There were even a few instances where he mentions that he became like a god, and could control whatever he wanted to in his external environment. There are some who believe these claims are unsubstantiated, but those people are usually the ones who did not actually try any of these mystical drugs. If one does not try, one cannot know.

Another tribute to Sasha Shulgin was in his rediscovery of the therapeutic use of MDMA in the 1970's. In a therapeutic setting, the drug helped facilitate more open communication between partners who may have had relationship struggles. It also helped people deal with internal struggle. There was a tendency towards increased empathy and understanding for others outside of the individual. For some people, it seems as if this empathy for the fellow human is lacking, and MDMA can seemingly increase this ability. Of course, since the drug also creates euphoric effects, it was given the name "Ecstasy" and has been illegal now for many years, but it is currently being researched for potential therapeutic use again today.

One of the more controversial personal abilities that some claim to have developed with the use of drugs is telepathy, or the ability to communicate between minds without words or gestures. Many dispel this immediately as false, however, there is emerging scientific evidence that there is some truth to this. Most commonly observed with psychedelic drugs such as Salvia Divinorum or LSD, there have been reported instances where this has occurred [Telep]. It is worth noting that drugs are not necessary for this type of communication. I have actually experienced a friend reading the thoughts out of my head without giving any verbal or physical gesture of what I was thinking. What truly interesting creatures we are!

One ability that I have noticed an increase in is my ability to focus when I took Adderall (prescription Amphetamine) in college years ago. When I was told to write long papers about topics that I did not much care for, it would have usually taken me multiple days and a lot of staring off into space to finish, but with Adderall these papers could now be completed in just a few hours. To make the drug even more alluring, I would usually achieve a grade of an "A"! Adderall was a valuable tool for me during

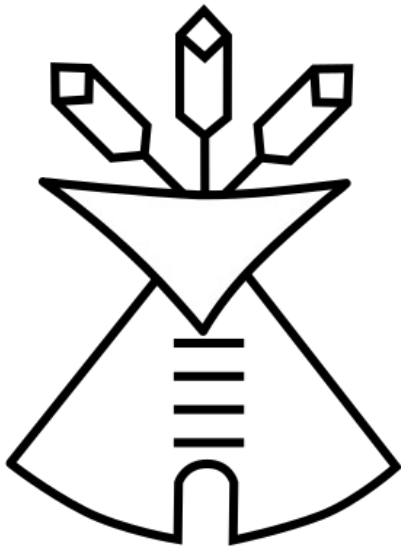


this period in my life, but tools that increase personal abilities to this extent do not come without cost. If I had moderated my use to perhaps once every few weeks, I would not have been so enraptured by its use. Unfortunately, using it twice a week or more led me to becoming dependent on the drug to do all my work. Image: Some various types of Adderall that can be used, including instant and extended-release forms [ReCent].

While this last example may be more subjective, on a particularly high dose of LSD (1mg), I had quite a unique experience. There was a sense of looking at myself from a perspective beyond my body. At the time, I was a daily Cigarette smoker who was aspiring to quit and failed several times. After taking this large dose of LSD and getting a new perspective of myself, I easily rationalized why smoking Cigarettes was a bad idea and was able to quit immediately. After quitting, I do not believe I smoked a Cigarette for at least two more years. I would argue that drugs that can allow a person to see themselves from another's point of view are useful tools for personal improvement.

As a Means of Spiritual Advancement

It is said that Psilocybin mushrooms actually served as motivation for some of the writings of the Bible. While I cannot prove this, there is evidence that psychedelic mushrooms were consumed thousands of years ago, so it is entirely possible. When I speak of my own past experiences using psychedelic drugs in particular, there are times when I think I found some sort of semblance of what God might be, but my main purpose for using drugs is not usually for spiritual advancement, and therefore I am not a useful source to look to when it comes to this topic. However, there are many cultures that center their use of drugs around this ritualistic purpose entirely.



The Native American Church (NAC), also called the Peyote Religion, bases its teachings around the sacred Peyote cactus which contains the active drug, Mescaline. Since Mescaline is illegal to consume for the average person, but has a religious basis in the NAC, it can be legally possessed by those who subscribe to the religion. This religion is practiced in most reservation of the United States and Canada, and ceremonial use involves singing, drumming, praying, and curing. Based on archaeological findings, we now know that Peyote has been used sacramentally by indigenous peoples in the Americas for thousands of years. According to members of the NAC, they say, "The purpose of Peyote is to clear the mind. The mind functions in all kinds of manners, thinking of many things. When you take the Medicine, God's spirit power is in the Medicine. It clears the mind" [NAC]. *Image: This is the symbol of the Native American Church* [NACpic].

For Rastafarianism, the history can be traced back to the crowning of Ras Tafari Makonnen on November 2, 1930 in Ethiopia, where he was renamed Emperor Haile Selassie I. He was believed to be a descendent



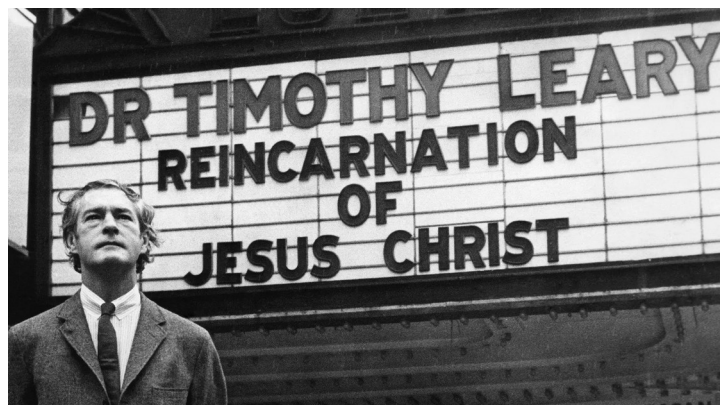
of King Solomon and the Queen of Sheba, and so earned the names “King of Kings, Lord of Lords, and the Conquering Lion of the tribe of Judah.” Preachers in Jamaica praised him as the ruling authority over King George V, who was presiding over Jamaica as a colony of England. Many thought Selassie as the living embodiment of God. Rastafarians took many of their teachings from the Old Testament of the bible, and began using Cannabis for its spiritual powers. As Jamaican people migrated to England, Canada, and the United States in the 1950’s through the 1970’s, the religion began to spread. When Bob Marley, a popular musician in the 1970’s, began to spread his message of Rastafarianism, the movement gained even more momentum. As of 2012, there are an estimated one million Rastafarians around the world, with traditions continuing in England, Africa, Asia, Jamaica, and the United States [Rasta]. Image: A Rastafarian man is holding a picture of the late emperor, Haile Selassie [RastaPic].



There is some evidence that as recently as 25 years ago, Psychedelic mushrooms (Psilocybin Mexicana) have been used sacramentally among Mesoamerican people. How did this use begin? *Teonanacatl* as it is called in ancient Aztec, or “God’s Flesh” as it may be literally translated, refers to just how important the Aztecs believed these mushrooms to be. Unfortunately, with the arrival of Catholic missionaries in the sixteenth century, much use of these mushrooms for

ritualistic purposes was forced away from the people. The ancient use of these drugs for spiritual purpose is perhaps best chronicled by Bernardino de Sahagun, “They drank only chocolate at night. And they ate the mushrooms with honey. When the mushrooms took effect on them, then they danced, then they wept. But some, while still in command of their senses, entered and sat there by the house on their seats; they danced no more, but only sat there nodding... And when the effects of the mushrooms had left them, they consulted among themselves and told what each other had seen in vision.” So powerful were these visions, that the Aztec Emperor Montezuma would hold an annual feast called the “Feast of the Revelations” where these drugs would be consumed by many [Mushroom]. Image: It is believed that these mushroom-shaped statues were used to grind mushrooms up for consumption before ceremonies [MushPic].

While I covered just a few of the *many* religions that had a basis in the use of mind-altering drugs, most of these cultures use naturally derived drugs that have been in existence for many years. When looking into the spiritual use of recently created synthetic drugs, such as the psychedelic LSD, the results were quite interesting. Timothy Leary and Richard Alpert, who were at one time professors at Harvard, began doing research with Psilocybin. While working with the drug



with students, they discovered that the drug could lead to deeply religious and mystical experiences. The two were eventually terminated from employment at Harvard due to their controversial practices. They founded a psychedelic training center in Mexico and began writing "The Psychedelic Experience: A Manual based on the Tibetan Book of the Dead." The book was intended to explain to others how to handle the experience of "ego death" and rebirth. Eventually, The Brotherhood of Eternal Love was founded, on the premise of encouraging love and acceptance. In some ways this functioned as a religion centered around a drug. The initial plan was to "drop out" of society and start life on a new island of paradise. This was partly inspired by philosopher and psychedelic activist, Aldous Huxley (author of *Brave New World*), who had recently written a book called *Island* (1962) that depicted a utopian society where drugs were enjoyed. The Brotherhood had even constructed a church and began to live as their own separate society with relative success. They called themselves the "disciples", believing that LSD could "heal and reveal." The group regarded the drug as "a sacrament, a window to God itself, a key to unlock 'the doors of perception' " [BBC].

For Recreational Pleasure

I saved this reason for last, as it may be the most controversial and least acceptable by some readers. However, if and when drugs will be legalized, recreational use will likely be the most common reason why drugs are used, at least in the early years. Loosely defined, the term "recreational" refers to the use of something purely for enjoyment. Many may argue that it is wrong to enjoy drugs in this way, but my argument is that drugs can be enjoyed recreationally just like any other activity. These activities include eating different foods, going to see a movie, playing sports, getting coffee, or drinking alcohol. The biggest difference between drug use and these activities is that drugs may have a stronger effect on the mind.

This is not necessarily problematic, unless the use of the drugs is problematic. I suppose the greatest factor in determining whether or not use is problematic is if the recreational pleasure has a significant impact on life progress, or if use is negatively impacting other individuals. However, the same can be said for any pleasure-inducing activity. I used to enjoy playing videogames for hours and ignore schoolwork. I have friends who will binge watch entire television series for consecutive days without leaving their house. Others have played sports for the purpose of recreation and been seriously injured. Who decides when a recreational activity is a problem?

I only bring this up to say that drugs can be used responsibly, but not all drugs can be used by all people. Individuals who will want to use drugs for the purpose of recreation will have to take a serious personal inventory of themselves and determine if they will be able to use drugs safely.

There is another point that can be brought up that involves the blurred lines between medicinal and recreational use. There are times when I have been at home with friends under the influence of various chemicals that were taken originally for recreational intent, and conversations developed that were unplanned. While under the influence of MDMA on one occasion, I had one friend open up to me about some very personal struggles that she was facing, and she admitted she would not have divulged this to me if it were not for the drug. Later, when sober, she confessed to me that she actually felt much better about the issues of her past that were plaguing her. I have had similar effects when consuming LSD and 4-AcO-DMT (a psychedelic drug resembling Psilocybin) with friends as well. The unpredictable therapeutic use of these drugs when they were intended for use in a recreational setting can be quite enjoyable or quite terrifying depending on the circumstances.

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Part 2: Some Issues Currently Surrounding Drugs

As was mentioned before, the first part of this book will mostly serve to highlight some of the most pressing issues that we face as a society when it comes to the problems surrounding drugs.

There may be some obvious ones, such as problems surrounding drug cartels and

Even though each essay is designed to mostly stand on its own, I tried to order the essays in such a way that the reader's mind will be possibly be more accepting the further they read. The first two essays about animals using drugs and the history of human drug use, which do not directly correspond to problems surrounding drugs in the modern day, but rather give a bit of a background about how and why drugs came to exist. In addressing these two topics first, my intent was to have the reader understand a little more about drugs and open up their perception.

After these essays, based on how many people still believe that prohibiting the use of drugs is going to create a positive environment for humanity, I directly address the historic Alcohol prohibition era, the issues it caused, and how this movement only caused disharmony and ended up failing in every country it was attempted in. In the following essay, I draw a parallel between Alcohol prohibition and the current War on Drugs and how by declaring this War, there has been arguably no improvement in reduction of drug use. In fact, it seems that no matter how many drug policies are enacted, there has been a steady increase in the use of almost all drugs in recent years. This is a further testament to why prohibiting these drugs does not work.

The next essay draws on one of the criticisms I hear the most often: "Drugs are bad for you!" While I agree that in general, drugs are not healthy for an individual to consume, if this is going to be the argument, then I believe we should look at the legal status of *everything* that is harmful for a person to consume. This can include Alcohol, Cigarettes, and unhealthy food items, like candy or other processed foods. Since these toxic consumer items are "bad for you" but they are still legal and companies trust people to make smart choices about what they ingest, then I believe drugs should also be legalized and we should trust people to make informed choices about drugs as well. Of course, there are other issues to worry about when it comes to drugs, such as addiction and the ability to induce an altered state of mind. Those topics are discussed within this essay.

I believe that all people should be able to do whatever it is they want to do, as long as it is not harming another. This argument for the freedom of people can get complex, since

But, Drugs are Bad for Your Health!

Drugs are Generally bad for health, but so are Many other Substances that are Currently Legal

If the argument is that drugs should be illegal because they are “bad for your health”, then everything that is currently “bad for your health” should be illegal. Why is Alcohol legal if it harms the health of the individual, causing **95,000 deaths** and costing about **250 million dollars** a year in the United States [CdcAlc]? That number jumps to **3,000,000 deaths** when looking at the worldwide population [AlcDeath]. Why are Cigarettes still legal when they kill nearly **500,000** people in the United States a year, and over **7,000,000** people worldwide [Cdc]? Why is it permissible for companies to create Sugar-laden heavily processed foods that result in increased rates of sickness and obesity? Current obesity rates approach **2,000,000,000 (2 BILLION)** people [WHO], or about **25% of the global population**. It is indisputable that as the amount of Sugar-filled and processed foods has increased over the years, so has the rate of obesity. According to the World Health Organization, **2,800,000** die a year as a result of being overweight or obese [WHOobe].

Then & Now Portugal's Drug Decriminalization

Key developments since Portugal decriminalized drugs in 2001

Overdose deaths

1999 369

2016 30

New HIV diagnoses due to injecting

2000 907

2017 18

Number of people incarcerated for drug offences

1999 3,863

2017 1,140



Sources: TheLancet, drugpolicy.org, EMCDDA, VHPA



statista

In contrast to these numbers (Alcohol deaths: **3,000,000**, Cigarette deaths: **7,000,000**, Obesity deaths: **2,800,000**), an estimated **780,000** individuals die prematurely as a result of illicit drug use [OverDeath]. It is my belief that many of these deaths are as a result of using drugs that are impure, adulterated, or simply not the drug it was advertised as. The best example of this is when Opioid addicts intend to purchase Diacetylmorphine (Heroin), and end up unintentionally purchasing Fentanyl, which is 50-100 times more potent, making it much easier to overdose and die. Indeed, several of my friends have died for this exact reason. If drugs were legalized and regulated, quality of drug, impurity, and adulteration would no longer be

an issue. I believe the number of yearly overdose deaths would decline. We have seen evidence of this in Portugal where all drugs were decriminalized in 2001. According to this chart, the number of drug overdose deaths fell by 90% since decriminalization of all drugs in 2001. This is mostly due to the fact that Diacetylmorphine became easier to obtain, and there are treatment programs that are designed to help wean people off the drug that cause less death and destruction.

If things that are bad or unhealthy for you should be illegal, then I believe **everything** that is bad or unhealthy should be prohibited, even soda and candy, or **nothing** should be prohibited at all. Personally,

since I believe every person has the right to do whatever they want to their own bodies, be it healthy or unhealthy, as long as they are not harming the well-being of others, I lean more towards the opinion that everything should be legal. We have the freedom to poison ourselves with Alcohol, Cigarettes, and Sugar, why not drugs as well, provided we are properly educated about them?

“Drugs are too Powerful. They must be Illegal!”

I admit that compared to other points that can be raised against drug legalization, this one is a bit more valid. When compared to the last example with reference to health, a dose of almost any illegal drug above a certain threshold will almost always be more intoxicating than a bag of Sugar-laden Skittles, a piece of cake, or a cup of coffee. However, if we are going to raise the point of psychoactive power of a substance, we can also bring the argument back to Alcohol.

Alcohol causes altered mood at low doses (1-2 drinks), powerful intoxication at higher doses (4-6 drinks), and at very high doses (8+ drinks depending on the individual), it can cause blackouts (complete lapses of memory) or syncope (unconsciousness). At the highest doses (16+ drinks), some people even drink themselves to death. Some may argue that illegal drugs have such a wide variety of effects and are therefore more dangerous than Alcohol. From what I see, the only issue with this wide variety of effects is that there is a lack of education about how these other drugs. To mitigate this problem, people would need to be properly educated about *every* aspect about drugs: The good, the bad, and everything in the middle. I

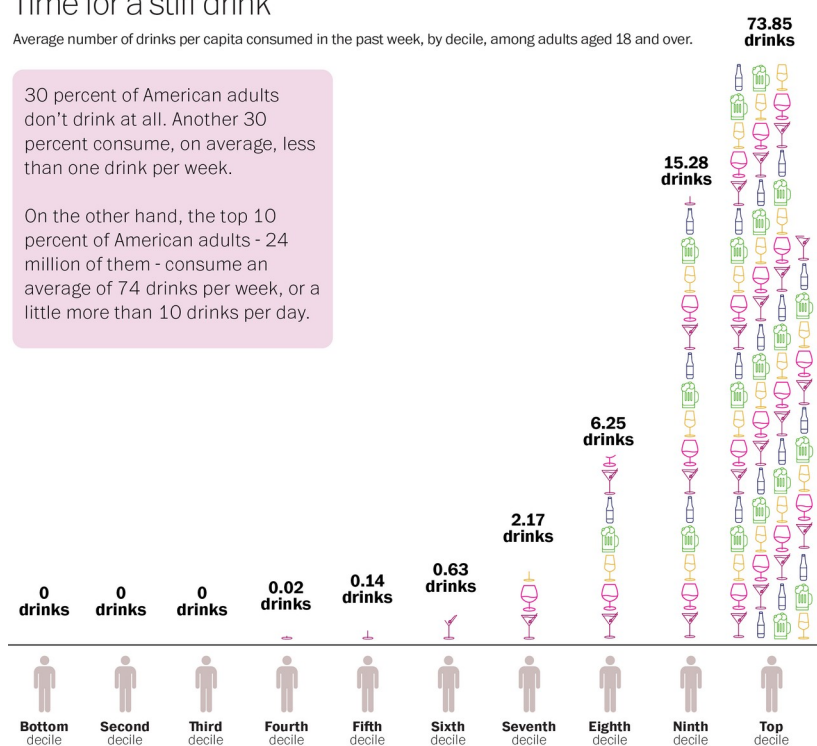
attempted to do this in my first book, [Drugs of the Universe](#). While it does address many of the major drugs that are currently prevalent in society, there are still hundreds of drugs that are not covered in the book. I believe a comprehensive resource, best available freely over the internet, would be the best way for people to become more educated about drugs. *Image: One of the best examples of how prevalent Alcohol is, is a chart that was published several years ago. This shows that the top 10% of people who consume Alcohol in the United States are consuming more than **10 drinks per day**! This number seems astronomical at first, but further examination of statistics will indicate similar results [Alcy].*

Time for a stiff drink

Average number of drinks per capita consumed in the past week, by decile, among adults aged 18 and over.

30 percent of American adults don't drink at all. Another 30 percent consume, on average, less than one drink per week.

On the other hand, the top 10 percent of American adults - 24 million of them - consume an average of 74 drinks per week, or a little more than 10 drinks per day.



WASHINGTONPOST.COM/WONKBLOG

Source: "Paying the Tab," by Philip J. Cook

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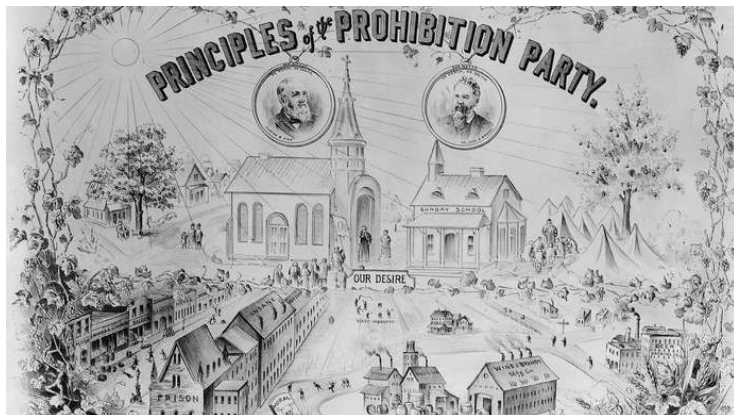
WHO

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WHOobe

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What is Prohibition?



Generally speaking, prohibition refers to the act or practice of forbidding something by law. More specifically, in the United States, Prohibition refers to a specific time in history where Alcohol was legally forbidden (1920-1933) [Brit]. It did not happen overnight where Alcohol was prohibited, however. The Temperance Movement leading up to Prohibition at the time was trying to discourage consumption alcohol. This was an effort mostly led by women at

first, as men drank more frequently, which created disharmony and sometimes violence at home. Through the 1800's, the movement gained strong momentum, with many political figures getting behind the idea of prohibiting Alcohol. *Image: the Prohibition Party was formed in the 1800's. The picture is from an advertisement in 1888 [Temp].*

The Temperance Movement eventually gained enough traction that Canada, Great Britain, Scandinavia, other European countries, India, and even parts of South America and Africa were attempting to ban the drug. In 1909, a world prohibition conference in London led to the creation of the International Prohibition Conference.

Despite this, millions of Americans were still consuming Alcohol illegally. There were covert distilling operations where farmers would produce Alcohol on their ranges and sell it illegally. The term "bootlegger" referred to a person who would allegedly transport Alcohol in oversized boots, but eventually just came to refer to anyone who would be smuggling Alcohol in any way, shape, or form. Prohibition also gave rise to speakeasies, which were illegal secretive drinking establishments. Since these operations were all operating outside the law, organized crime began to flourish. When looking back at



history, the Prohibition Era is now remembered as a period of "**gangsterism**, characterized by **competition** and **violent turf battles between criminal gangs**" [Brit]. In 1933, due to this organized crime, people demanded Prohibition to be repealed *Image: One of the ways that alcohol was concealed to be transported [Boot].*

From my understanding, it seems that the principle of Prohibition sounded agreeable at first. Alcohol was clearly causing harm to societies at the time, so it seemed logical that there would be some that would want to eliminate it. Unless there was some way to ban the desire for intoxication in ALL people, this was doomed to fail from the start. Based on the history of Prohibition, I believe it is fascinating to look at the consumption of Alcohol in modern society today. It is the most prevalent intoxicant in the world, still causing **3 million deaths** each year globally, and **5.1% of the global burden of disease**. Alcohol is also the **leading risk factor** for **premature mortality and disability** among those aged 15-49, accounting for **10% of deaths** in this group [WHO].

The United States government killed thousands of people by Poisoning Industrial Alcohol during the Prohibition Era

When I first heard about this, I was in shock. It was estimated that by the mid-1920's, about 60 million gallons of industrial Alcohol was stolen each year. President Calvin Coolidge's government decided to use chemistry as an aggressive tool. There were about 70 different "denaturing" formulas to try to dissuade people from stealing Alcohol. This did not work, and bootleggers employed chemists to "renature" Alcohol so that it could be drunk [Slate].

As a response to this, the United States government decided to add even more deadly chemicals to industrial Alcohol. They intentionally added kerosene, brucine, gasoline, benzene, cadmium, iodine, zinc, ether, formaldehyde, and chloroform, among others. It was the Treasury Department that decided to make methyl-Alcohol 10% of the total of industrial Alcohol. This is what really ended up killing people. The first time that people noticed this rampant poisoning was over the holiday of 1926 when about 40 people died. By the end of the year, an estimated 400 people died. In 1927, an estimated 700 people died. Some estimate that throughout the Prohibition era, nearly 10,000 people were killed as a direct result of drinking poisoned Alcohol, courtesy of the U.S. government [Slate].

Certainly, there were some who knew that people would continue to drink this Alcohol, and that adding more poison to Alcohol would kill people. Regardless, this is a part of U.S. history. I cannot help but parallel this to the modern-day Opioid epidemic. Pure Diacetylmorphine, what Heroin is supposed to be, requires a relatively massive dose to be lethal, whereas Fentanyl, which is cheaper and easier to produce, requires just a couple milligrams. Fentanyl is the methyl-Alcohol of the modern-day drug prohibition movement. Having drugs legalized and regulated would reduce the issue of contaminated drugs that results in overdose.

Other Countries that Attempted Prohibiting Alcohol

Although I believe the Prohibition Era in the United States in the 1800's and early 1900's is one of the best illustrations of why prohibiting drugs or Alcohol is ineffective, similar measures have been taken in other territories.

In Russia, in 1985, the leader at the time, Mikhail Gorbachev introduced a partial ban on Alcohol. The original intent was to improve the health and productivity of the country. Workers were often showing up to work drunk, and so to Gorbachev, it seemed logical to try to discourage use of the drug. Prices were raised certain types of Alcohol. Shop owners were restricted to selling the drug only between 2PM and 7PM, causing many Russians to line up in the morning. Fights often broke out on lines, resulting in a

greater police presence outside liquor stores. This measure failed tremendously, and led to economic disaster [Russia].



In Canada, there was also a growing temperance movement in the 1800's. Canadians were drinking to excess, which caused many territories to try to restrict the consumption and sale of alcohol. In many of the provinces of Canada, prohibition lasted for no more than 15 years. In Alberta, prohibition began in 1916, and was repealed in 1923. In British Columbia, prohibition began in 1917, and was repealed only four years later in 1921. In Ontario, prohibition began in 1916 and ended in 1927. In New

Brunswick, it began in 1917 and ended in 1927. In Nova Scotia, it began in 1921 and ended in 1930. In a curious case in Quebec, the same year prohibition happened in 1919, it was repealed! Perhaps the most extreme case was in Prince Edward Island, where prohibition began in 1900 and did not officially end until 1948 [Can]. Naturally, a strong culture of bootleggers, moonshiners, and others who could be characterized as Alcohol smugglers developed [Prince]. *Image: A map of Canada showing where some of the aforementioned provinces are [CanPic].*

Are there any Drugs that Have been Legally Prohibited that are completely Unavailable?

The short answer is No.

The long answer requires a bit more detail to account for some obscure drugs that many people are unaware of.

Realistically, aside from some obscure unbeneficial Research Chemicals (if the reader is unfamiliar with "Research Chemicals", please read my article [Here](#) or read the essay later in this part) that were never prevalent to begin with, such as the Synthetic Cannabinoids UR-144 and AKB48 and perhaps a few Synthetic Cathinone drugs, such as 4-MEC or 4-EMC, I am confident in saying that almost every mainstream drug that has ever been prohibited, banned, or illegalized is still available. I can speak from personal experience. Any time that I wanted to acquire Cocaine, Cannabis, Amphetamines, Ketamine, MDMA, LSD, or any other drug for that matter, I have almost always been successful. I am not the only one who has a magical ability to acquire these drugs when I want them. When I have attended music festivals in the past, I have run into countless people that were also able to obtain these drugs. If prohibiting these drugs REALLY worked, they would be unavailable.

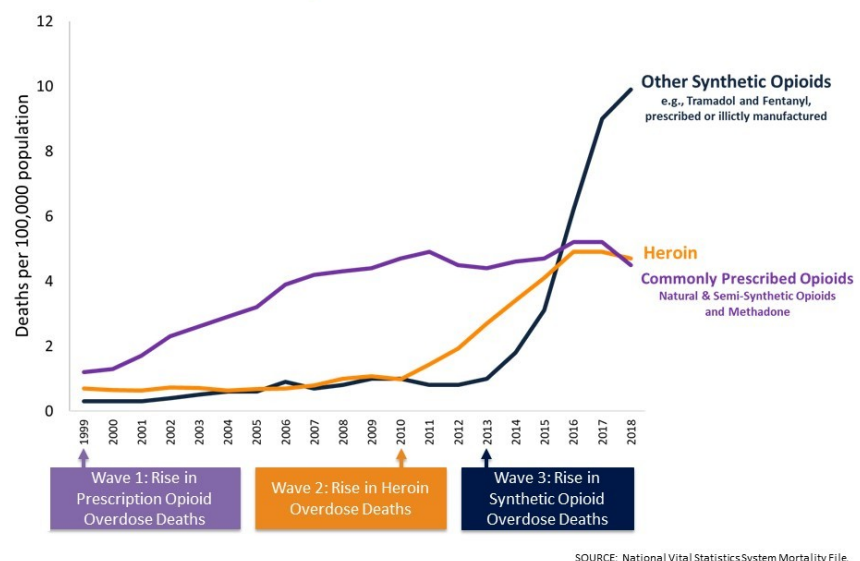
Perhaps, a major reason why prohibiting these drugs has not worked is because very few drugs have been genuinely prohibited. For drugs that grow from the earth, such as Coca Leaf, Cannabis, and Opium, how can these drugs ever fully disappear unless every crop and seed is destroyed? It will be impossible as long as there are those who take pleasure in these drugs, and there likely will always be people finding enjoyment in these drugs to some degree. For drugs that are synthetically derived, such as Ketamine or Methamphetamine, it is also unlikely these drugs will ever disappear because they also have approved medical use. Methamphetamine can be prescribed, in very rare circumstances, to treat obesity or narcolepsy. Ketamine is arguably one of the best anesthetic drugs available today, and it has also recently been approved as an effective anti-depressant. Since all of these drugs are still being produced somewhere in the world, there will always be a black market for them as long as they remain illegal.

Prohibiting Drugs has caused a Surge in Poor Quality Substances and Unsafe Drug use Circumstances

Another failure of prohibition of drugs is that now, instead of getting quality high-purity drugs, there is no quality control. Instead of having access to Diacetylmorphine (what Heroin is supposed to be), most Opioid addicts are obtaining Fentanyl. Fentanyl is a synthetic Opioid that is 100 times more potent than Diacetylmorphine, the distribution of which has caused a dramatic increase in overdose deaths, especially here in the United States.

I am a firm believer that if all Opioid addicts had access to clean and pure Diacetylmorphine, the rate of overdose would plummet. When looking at this chart from the National Vital Statistics System Mortality File, we can see how Opioid overdose has skyrocketed in the last few years. When Fentanyl began to hit the street-Heroin market in 2014-2015, there is a clear and undeniable increase in Opioid overdose deaths. *Image: Graphing Opioid overdose deaths over 1999-2018 [CDC].*

3 Waves of the Rise in Opioid Overdose Deaths

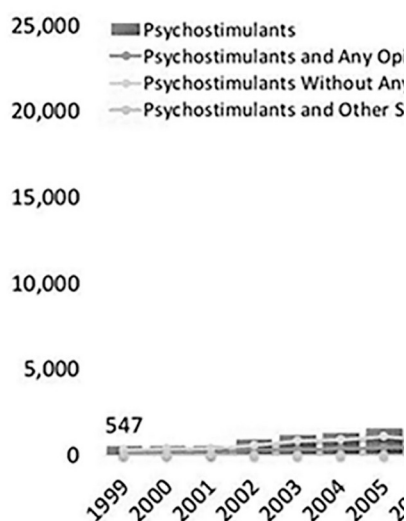


Since clean needles are difficult to come by in a society that keeps drugs illegal, the rate of HIV increases for intravenous drug users. In New York City, more than 60% of intravenous drug users are believed to have HIV. Keeping drugs and paraphernalia necessary for drug use illegal or unavailable will actually facilitate the spread of disease and sickness.

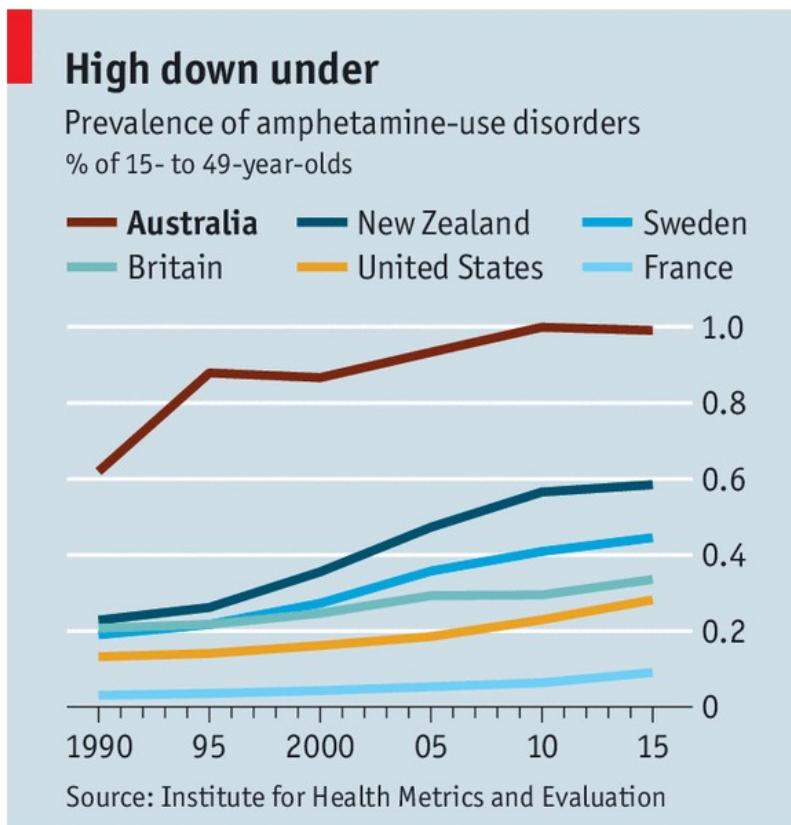
Despite the Illegal status of Drugs, Use Continues to Rise

Simply looking at a few graphs will indicate that prohibiting drugs CLEARLY does not reduce the use of drugs.

According to this graphic, Amphetamine-use disorders have increased in Australia, New Zealand, Britain, Sweden, France, and the United States from 1990-2015 [Eco].



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018



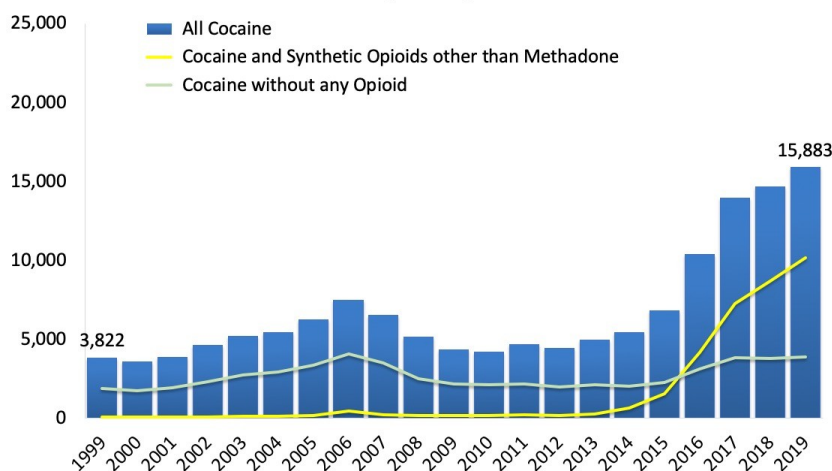
Source: Institute for Health Metrics and Evaluation

According to this graphic, depicting emergency room

admissions for psychostimulant use, the number has swelled from 1999-2017 [Relias]

When it comes to cocaine, overdose deaths from Cocaine, the statistics show a trend towards increase over the years, partially due to the increase in probability of being co-administered with Opioids [NIDA]. This further supports the position that drugs should be heavily regulated, so these accidental overdoses will happen less frequently.

Figure 7. National Drug Overdose Deaths Involving Cocaine*, by Opioid Involvement, Number Among All Ages, 1999-2019



*Among deaths with drug overdose as the underlying cause, the cocaine category was determined by the T40.5 ICD-10 multiple cause-of-death code. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Portugal's Data Presents a Possible Solution to Outright Prohibition

In 2001, Portugal tried an experiment. Since they were suffering from a booming drug abuse epidemic, they decided to decriminalize all drugs. An interesting thing happened...

Then & Now Portugal's Drug Decriminalization

Key developments since Portugal decriminalized drugs in 2001

Overdose deaths

1999 369

2016 30

New HIV diagnoses due to injecting

2000 907

2017 18

Number of people incarcerated for drug offences

1999 3,863

2017 1,140



Sources: TheLancet, drugpolicy.org, EMCDDA, VHPA



statista

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Overdose deaths fell by about 90% as the years passed. Not only this, but the number of individuals who contracted HIV through intravenous drug use decreased dramatically, from 907 cases in the year 2000 before decriminalization, to only 18 in 2017 due to having an effective clean needle exchange program [Statis].

I believe that if more countries adopted safe drug use practices through decriminalization, and eventually legalization and regulation, the global threat of drugs would dramatically decrease.

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How Drugs have WON in The War On Drugs

The Failures of the “War on Drugs”

What is The War on Drugs?

Before we begin, it is probably best to define what The War on Drugs actually is for the scope of this project. I believe the History Channel website has an excellent definition:

“The War on Drugs is a phrase used to refer to a government-led initiative that aims to stop illegal drug use, distribution and trade by dramatically increasing prison sentences for both drug dealers and users. The movement started in the 1970s and is still evolving today. Over the years, people have had mixed reactions to the campaign, ranging from full-on support to claims that it has racist and political objectives.” [HistChan].

Similar to how Prohibition sought to eliminate Alcohol in the early 1900’s, The Drug War sought to eliminate drugs. Just as Prohibition created organized crime, it seems The Drug War has caused an increase of criminal activity in the world.

A brief timeline will best illustrate the key milestones of The Drug War:

1960’s - The 1960’s was a tumultuous time for Americans. The Civil Rights Movement, Vietnam War protests and growing counter-culture led to an explosion of new art, music and political expression. With this activism, many individuals began sampling various psychoactive compounds, such as LSD, STP, MDA, and Mescaline, which drew the attention of the media.

1971 – Following a speech to Congress in 1969 where he identified drug abuse as “a serious national threat,” Richard Nixon formally declares a “war on drugs,” naming drug abuse as “Public Enemy No. 1.” [NPR].

Also in this year, a conversation is recorded that was discovered years later between then-president Richard Nixon, and future president, Ronald Reagan where Reagan is heard saying, “To see those, those monkeys from those African countries—damn them, they’re still uncomfortable wearing shoes!” followed by a laugh [Reag]. Since it seems both of these past presidents were racist, this can allow us to better understand the inherently racist and immoral drug policies that followed from The War on Drugs.

1973 – Richard Nixon creates the Drug Enforcement Agency (DEA) [NPR].

1976 – Future president Jimmy Carter campaigns for president on a platform that includes decriminalizing marijuana [NPR]. He became president in 1977.

1980’s – In the 1980’s, the then current president Ronald Reagan reinforced and expanded upon Richard Nixon’s drug policies [HistChan]. In 1984, his wife Nancy Reagan launches her “Just Say No” anti-drug campaign [NPR]. The premise of this program was to try to influence kids to deny drugs when offered to them under any circumstance. This abstinence-only approach

Mid 1980’s - Due to the high volume of cocaine that was entering the United States, Crack Cocaine, a cheap and more addictive alternative was developed. It devastated inner-city communities, particularly in New York City [NPR].

1986 – Congress passes the Anti-Drug Abuse Act that creates minimum prison sentences. There was much criticism to this, because in the Act it was stated that those who possessed just five grams Crack Cocaine received a minimum five-year prison sentence, whereas it would take half a kilogram (500 grams) of powdered Cocaine (Cocaine Hydrochloride) to warrant the same sentence. Crack was more often used by black Americans, while powdered Cocaine was more often used by white Americans [HistChan]. The policy was inherently racist, since Crack Cocaine and powdered Cocaine have essentially the same chemical structure. The fact that punishment was so severely different simply because one form of the drug could be combusted and inhaled is illogical.

1993 – President Clinton signs the North American Free Trade Agreement (NAFTA), increasing the amount of trade and traffic across the United States and Mexican borders. This makes it harder to track down drugs traveling in and out of the country [NPR]. According to some controversial reports, former President Clinton was said to have a “Nose like a vacuum cleaner” in reference to prior cocaine use.

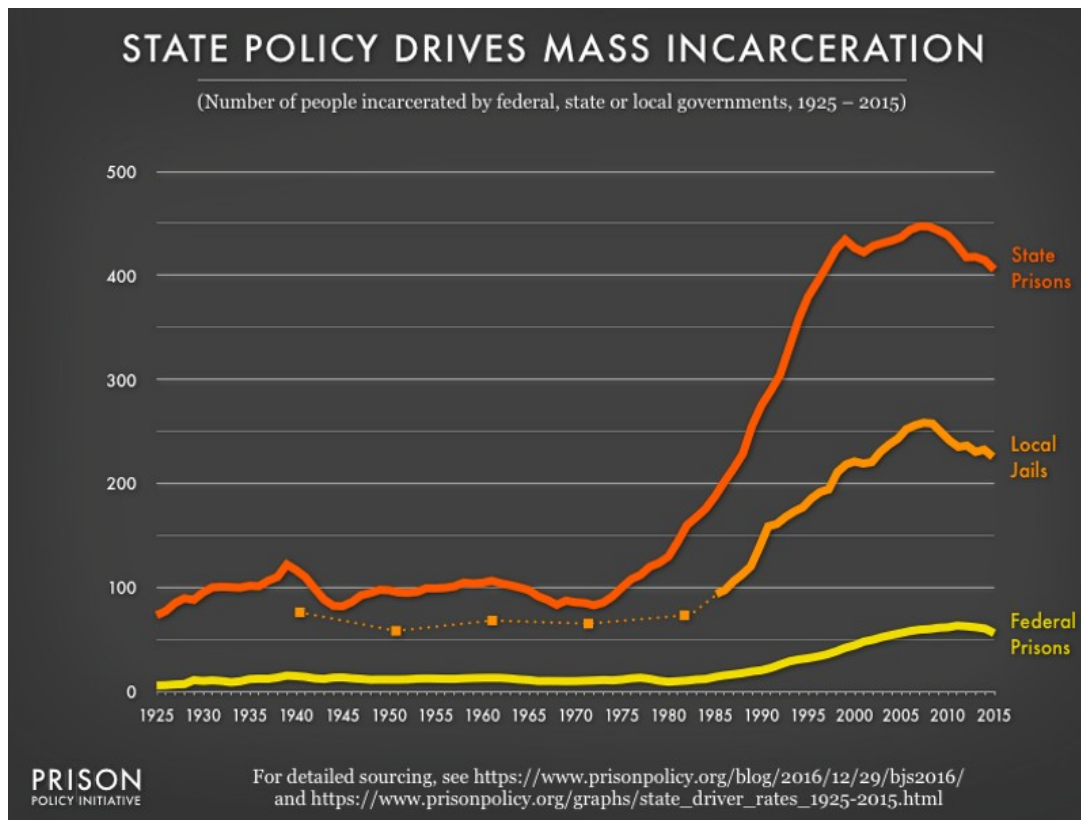
1995 – The U.S. Sentencing Commission releases a report that acknowledges the racial disparity between prison sentencing for Crack Cocaine and powdered Cocaine. There is a suggestion to reduce the sentencing time for those who were caught possessing Crack Cocaine, but Congress overrode the recommendation for the first time in history [NPR].

2004 – The DEA announces a plan to reduce the amount of Opium produced in Afghanistan [NPR]. Please, see the graph further on in this essay to see how this was a failure, and it almost looks as if the exact opposite of this intention was true, as Opium production has only grown in Afghanistan since 2004.

2010 – Congress passed the Fair Sentencing Act, reducing the discrepancy between Crack Cocaine and powdered Cocaine sentencing from the 500:5 (100:1 ratio) to an 18:1 ratio [HistChan]. The irony in calling this the Fair Sentencing Act is that it is STILL unfair by definition!

The best way to convey how little declaring “War on Drugs” has done for the well-being of the United States can be best addressed with several graphics from multiple sources.

The progression of incarceration in the United States can easily be seen in a graph:



There is a very clear and apparent increase in the 1980's during the Reagan presidency, when several policies were changed to become more rigorous.

Opium Production in Afghanistan after United States Invasion

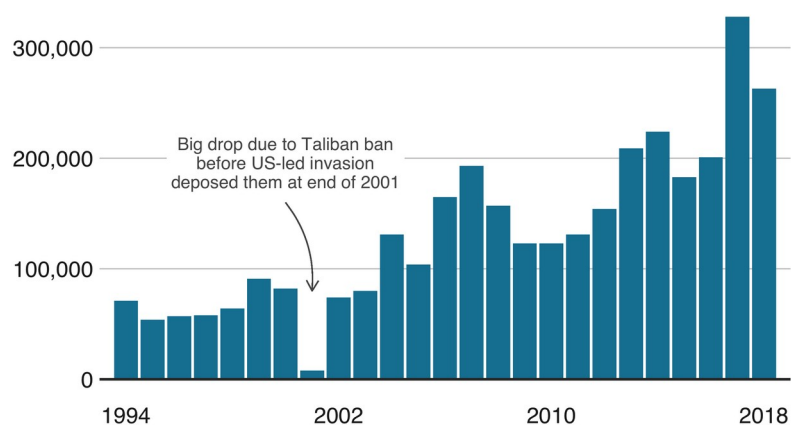
After the United States military invaded Afghanistan, a country notorious for their harvest of Opium and production of Morphine or Heroin, in the early 2000's, one would assume that production of the drug would have ceased. In fact, the opposite was true according to the United Nations Office on Drugs and Crime (UNODC):

How can this be? Was the United States not fighting The War on Drugs? Did we not have the most powerful military in the world?

Or perhaps, were there other motivations to keep Opium production booming?

How Afghan opium poppy farming has grown

Cultivation in Afghanistan in hectares (1994-2018)



Source: UNODC / Afghan government opium surveys

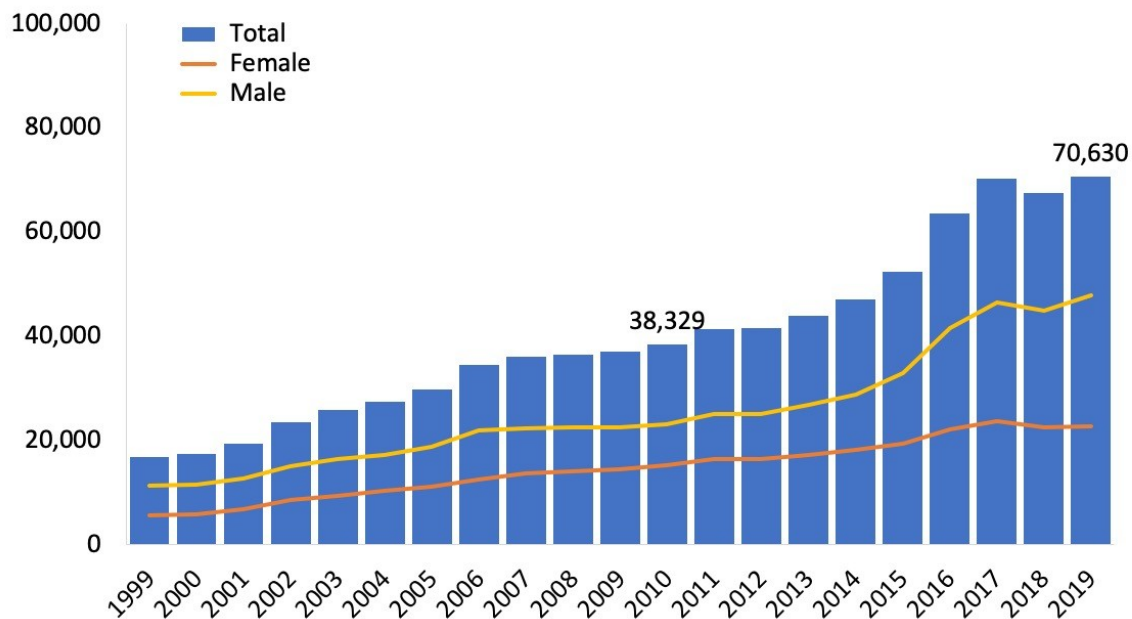
BBC

According to the U.S. military, “90% of the world’s Heroin is made from Opium grown in Afghanistan.” Interestingly, the DEA says that less than 1% of the Heroin in America is from Afghanistan, as most of the Afghan Heroin is dispersed in Europe [BBC]. I hope I have given you something to think about. Researching and documenting this information would take up several books on its own. I urge you to look further online if you are curious.

Overdose Deaths from Opioid Drugs have only Increased

One might think that more stringent drug control would reduce the number of deaths caused by drugs, but this is clearly not the case.

**Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2019**



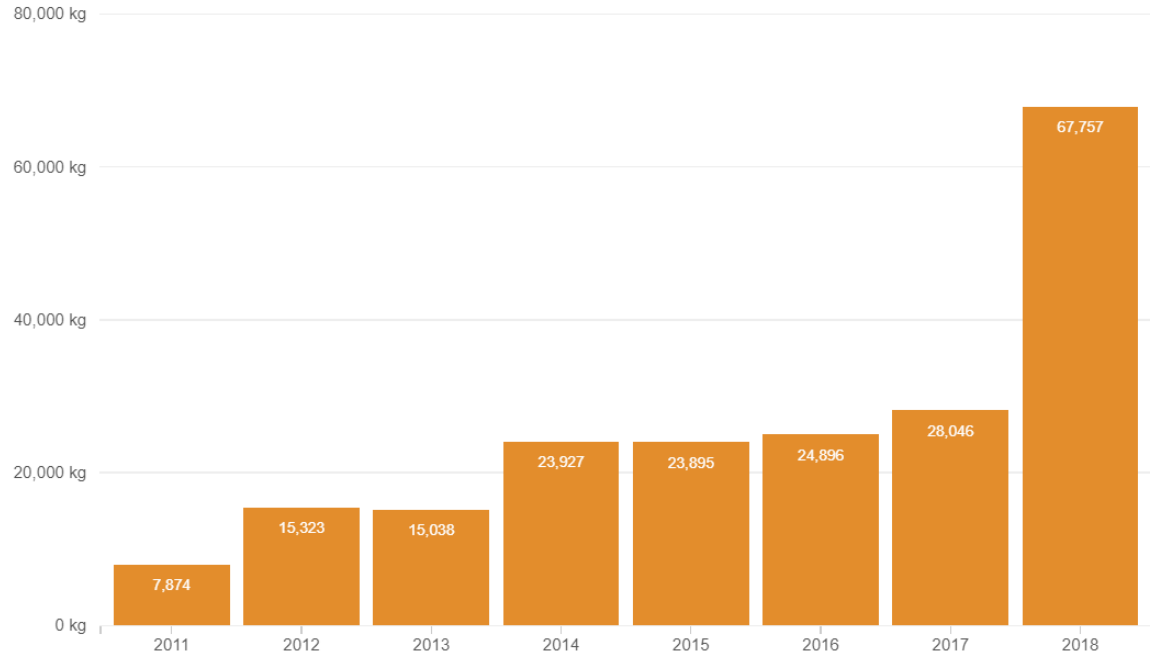
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Seizures of Methamphetamine have been increasing

It appears that in recent years, seizures of methamphetamine have been steadily increasing.

Seizures Of Methamphetamine Spiked In 2018

In 2018, 67,757 kilograms of meth were seized by authorities — up 142% from the previous year — in regions of the U.S. that the federal government has designated [High Intensity Drug Trafficking Areas](#). The data set includes reports from federal, state, local and tribal law enforcement agencies.



Source: National Emerging Threats Initiative, a High Intensity Drug Trafficking Areas program

Credit: NPR

I could continue to produce graphs and images that indicate that drug use and production does not appear to be slowing down any time soon, and in fact, only seems to be rising. This is to indicate that The Drug War has not been effective at curbing the spread of drugs throughout the country or the world.

Is there Anything Good that came out of The War on Drugs?

The War on Drugs has not been a complete failure. There are many who have made large sums of money by keeping drugs illegal.

The drug testing industry has been pulling in profits. Since many workplaces are encouraged to have a drug-free environment (usually for good reason), they constantly need to spend money on drug testing kits or laboratory tests. Probation and parole offices also spend copious amounts of money on drug tests to ensure that their parolees are not using drugs. More recently, there have been laws put in place to test individuals looking to get government assistance. The line of thinking is that if a person is using drugs, they should be able to afford the necessities of life.



The Alcohol industry also benefits GREATLY by keeping illegal drugs illegal. Having sampled a wide variety of mind-altering drugs myself, I can confidently say that the effects of Alcohol are some of my least favorite. I firmly believe that if drugs were legalized, the Alcohol industry would be decimated, as other people would find joy in other more enjoyable drugs besides

Alcohol. The Cigarette industry also benefits from keeping drugs illegal. If drugs were legalized, I hypothesize that the rate of Cigarette use would decline sharply, since many people may discover something more enjoyable and less harmful to smoke. Or even if they do not want to smoke, they may discover another drug that helps them quit smoking Cigarettes. From past experience, one day on a particularly high dose of Lysergic Acid Diethylamide (LSD), due to a positive change in perspective, I ended up quitting Cigarettes for two years. *Image: Cigarettes and Alcohol – one of the popular legal drug combinations [CigAlc].*

The private prison industry also benefits *heavily* by keeping drugs illegal. The Corrections Corporation of America (CCA), the country's largest private prison company has donated money to political campaigns that encourage keeping drugs illegal. They even train their own drug sniffing dogs! The CCA even made a report to shareholders in 2010 that stated,

"The demand for our facilities and services could be adversely affected by the relaxation of enforcement efforts, leniency in conviction or parole standards and sentencing practices or through the decriminalization of certain activities that are currently proscribed by our criminal laws... For instance, any changes with respect to drugs and controlled substances or illegal immigration could affect the number of persons arrested, convicted, and sentenced, thereby potentially reducing demand for correctional facilities to house them. Legislation has been proposed in numerous jurisdictions that could lower minimum sentences for some non-violent crimes and make more inmates eligible for early release based on good behavior. Also, sentencing alternatives under consideration could put some offenders on probation with electronic monitoring who would otherwise be incarcerated. Similarly, reductions in crime rates or resources dedicated to prevent and enforce crime could lead to reductions in arrests, convictions and sentences requiring incarceration at correctional facilities" [Reason].

If this did not make sense to you, please read it again. This clearly details how desperate private prisons are for prisoners, which generate generous profits by keeping them incarcerated. For an organization to demand increased rates of imprisonment of other humans for the purpose of greed seems rather dehumanizing and immoral.

Incarcerating People for Drugs has little Impact on Substance Misuse and Crime rates

On the contrary, incarceration is linked with increased rate of overdose. After being released from prison, within the first two weeks, individuals are 13 times more likely to die than the rest of the population. Incarceration also has minimal effect on reducing crime levels. Research has shown that while crime rates have been falling since 1990, approximately 75-100 percent of the factors at play have nothing to do with incarceration [AP].

Another source directly states that incarcerating people has no effect on violent crime, and actually lead to higher levels of violent crime in certain communities. Those who make policies and laws feel pressure whenever there is an increase in crime rate, and believe that making policies more stringent will help the issue of crime. It seems that filling the jails and prisons in the United States is NOT decreasing crime levels [Crime].

What is the Cost of The War on Drugs?

At the present, the estimated total cost of The War on Drugs since it was declared in 1971 is **one trillion** dollars. According to some of the most recent record, in 2015, the federal government was spending approximately 9.2 million dollars a day, adding up to **3.3 billion dollars** annually to incarcerate people with drug related offenses. State governments spent roughly **7 billion dollars** in 2015 to incarcerate individuals with drug offenses. One source



states that, as a start, legalizing Marijuana would save roughly 7.7 billion dollars a year in averted enforcement costs, while also generating an additional 6 billion dollars in tax revenue. The net total of benefit is over **13 billion dollars** [AP]. *Image: Drugs and Money [MoneyDrugs].*

According to another source, the estimated cost of drug abuse – including Alcohol, Nicotine, and all Illegal Drugs – in the United States ALONE is **740 billion dollars a year**. If this is broken down:

- Alcohol abuse accounts for **249 billion dollars**
- Illegal drug use accounts for **193 billion dollars**
- Prescription opioids accounts for **78.5 billion dollars**
- Tobacco use accounts for **300 billion dollars** [Vwm]

I am not arguing that legalizing drugs will suddenly make these costs disappear, but I do think that the profits that could be generated from legalization, combined with an honest and open-minded society, could bring global relief. I theorize that the costs of Alcohol and Tobacco abuse would plummet upon legalization, and that the cost of currently illegal drugs would go up slightly, at least in the beginning. I believe that this would still be to the benefit of humanity as a whole.

We have to Face the Truth: Drugs have Won The War on Drugs

This was impossible to win from the start. Drugs will always exist no matter what happens. There are no magical abilities that exist in human society that allow them to be immediately zapped off the planet. Even if this *were* somehow possible, people would just start manufacturing drugs with whatever plants

and chemicals were still available. This is because there will ALWAYS be a demand for drugs, no matter how illegal or how severe the penalties are for possessing them. Just look at how use has only grown throughout the years.

I believe it is time for all the governments in the world, especially those in the United States (hard for them to do!), to declare defeat. The War on Drugs could have never been won in the first place, and in fact, it will only bring more pain and suffering to the people of the world to continue to try to "fight" it. To me, the answer is obvious: legalize and regulate all drugs. Governments will generate unlimited revenue. Less people will die. People may actually feel real Freedom.

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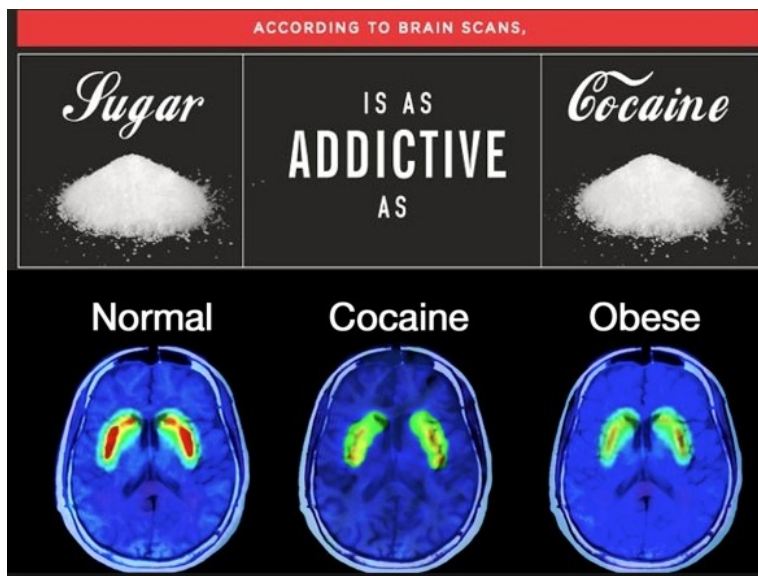
The Four Addictive Legal Drugs everyone is Already Using

What are these Drugs?

As I define a drug in the scope of this book to be a substance that has a profound mind-altering effect (See my “What is a Drug” essay in Part I), then I would argue that there are four popular drugs that are already legal for almost every adult in the world: Sugar, Alcohol, Caffeine, and Nicotine. Why is it that throughout history, use of these legal drugs is acceptable, and at times even encouraged, but use of the currently illegal drugs is discouraged and severely punished?

“Sugar is not a drug!”

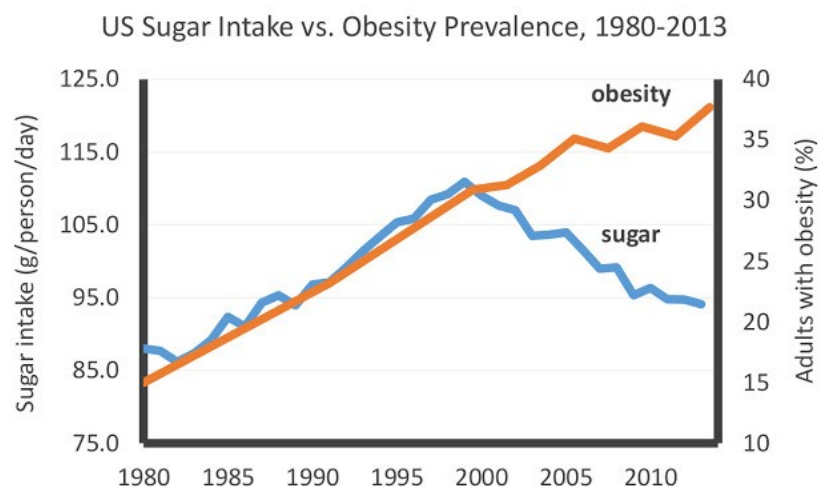
I received a lot of backlash for claiming that Sugar is a drug in my first book, [Drugs of the Universe](#). While it is definitely true that the mind-altering effects of Sugar are not as powerful as other drugs, such as Cocaine and Amphetamines, there are studies that show that Sugar elicits a similar response in the brain to these illegal drugs.



If looking for image evidence of this, the reader can find a multitude of brain scans which try to draw parallels between those who abuse Cocaine and those who abuse Sugar. Recent findings in humans have indicated that, "sugar and sweetness can induce reward and craving that are comparable in magnitude to those induced by addictive drugs" [SugarAdd]. Also, due to the neurobiological factors associated with Sugar (its taste is pleasurable), "research has revealed that sugar and sweet reward can not only substitute to addictive drugs, like cocaine, but

can even be **more rewarding and attractive.**" Many will fight to dispute this evidence, claiming that Cocaine produces more powerful psychoactive effects, which is arguably true, but the fact is that Cocaine activates similar areas in the brain to Sugar. I urge the reader to do more research if the curiosity about the comparison between the neurobiological activity of Cocaine and Sugar persists [SugarAdd]. *Image: Normal brain scan shows normal dopamine activity, but a Cocaine addict and Sugar addict have similar disordered dopamine activity [SugarCoke].*

Sugar addiction is so powerful, and people will consume so much of it that it can cause them to gain massive amounts of body fat. Perhaps if Sugar did not have such addictive powers, there would be less



obesity in the world. People weren't always obese, however, so when did the increase of prevalence of obesity occur? My research has told me that there is a strong correlation between the emergence of the "Fat-Free" movement when fat was taken out of processed food products, and instead, Sugar was added to offset the lack of flavor. As the amount of Sugar and carbohydrates has increased in food products, so has the rates of obesity. The fat-free movement started in the 1980's and boomed into the 1990's. This graph indicates the rise in obesity rates correlated to Sugar consumption. This trend started in the 1980's and continued steadily through the 1990's. There is a rather sharp decline in Sugar consumption in the center of the graph, while the trend of obesity rates to increase is persisting. There are multiple factors that contribute to obesity. It is beyond the scope of this drug legalization book to go into the current popular and largely harmful diets in the United States that are contributing to increased rates of obesity, but if the reader is curious, I would suggest further research. *Image: Showing that as the amount of Sugar increased, so did obesity rates* [SugarGraph].

If the reader denies that sugar can have a powerful enough psychoactive effect to be considered a drug, I would recommend doing an experiment. Since the body does *not* require dietary Sugar or carbohydrates for functionality, this experiment can be done safely. For two weeks, avoid all carbohydrates of any kind – sugars, starches, fiber, rice, fruits, vegetables, breads, pastas – anything. Animal products, such as beef, chicken, and fish, are the most void of carbohydrates and will likely become the staple of your diet during this experimental phase. This test may be difficult on a vegan diet as carbohydrates are practically unavoidable, but for those who do not adhere to such a strict diet, attempting to cut out all carbohydrate foods will be much easier.

If you genuinely attempt to try this, but have intense cravings for Sugar or carbohydrate heavy foods, is this intense craving not characteristic of a form of addiction? If you are able to survive the two weeks, at the end of this period, eat a piece of cake or some other high Sugar-dense food. As you eat it, observe what is happening in your mind. Are you thinking differently? Do you feel energetic or stimulated? Do you feel depressed? Do you have scattered thoughts? I feel confident that many of you, if you are able to successfully give up the drug for a period of time, will experience at least mild psychoactive effects after two weeks of abstinence.

Caffeine

"Second only to oil, Coffee is the most valuable legally traded commodity in the world."

-[PBScoff]

When it comes to Caffeine, I usually do not hear much disagreement about the fact that it is a drug. If we explore the prevalence of use, the statistics can be rather shocking. According to one source, **64% of Americans consume Caffeine every day**, 75% of which comes in the form of Coffee [CoffStat1]. According to an FDA report in 2007, they alleged that more than **80% of Americans consumed Coffee every day** [FDAcaff]. Personally, from what I have witnessed in my time in the United States, I believe the second



statistic is more accurate. When it comes to the amount of Coffee that is consumed annually around the world, when looking at the volume of kilogram bags of the drug, on average, the number has been slowly and steadily increasing over the last eight years. For the year of 2020, **166.63 million 60-kilogram bags** of coffee were consumed worldwide [CoffStat2]. Globally, when including all types of caffeinated beverages and foods, it is estimated that at least **90% of the world** consumes Caffeine on a daily basis [Caff90]. *Image: This is a cup of coffee!* [PBScoff].

What about the health effects of Caffeine? It seems that reports about whether Caffeine is healthy or unhealthy for a person fluctuate on a regular basis:

I have heard that Coffee drinking can kill cancer cells, but that it can also facilitate their growth.

I have heard that Coffee can decrease fertility, but that it can also make a person more fertile.

I have heard that Coffee improves digestion, but that it can also impede it.

I have heard that Coffee improves exercise ability, but also that it weakens it.

I have heard that Coffee improves focus, but also that it decreases focus.

I have heard that Coffee enhances sexual performance, but also that it diminishes it.

I have heard that Coffee cleanses the liver, but that it also inhibits liver function.

Instead of finding a multitude of sources to refute or deny any of these above claims, based on my research and experience, Coffee and Caffeine in general is *not unhealthy*. My 88-year-old grandmother still drinks it on occasion and she seems to be in relatively good health! Would she be healthier if she had never touched the drug? I do not know, but when compared to the health risks of other drugs in this essay (and many other drugs outside this essay), it seems to me to be a drug with some of the fewest risks of harm. If the reader wants to further explore the health benefits or risks of Caffeine and Coffee, I suggest further external research.

Just how powerful of a drug is Caffeine? To test the power of Caffeine, similar to the test of Sugar abstinence above, try to go Caffeine-free for two weeks if you are a daily caffeine consumer (which you most likely are!). If you are unable to give the drug up, this is a sign of an addiction and indicative of Caffeine's power. Perhaps the addiction is not hindering your life, but then if you have not acknowledged the awareness of dependence, now might be the time. Assuming that you have successfully given up the drug for two full weeks, I challenge you to consume a Caffeinated substance. Start with half of your normal dose since your tolerance will be low and in case you built up sensitivity. I can almost guarantee that the feeling it provides will be more drug-like than you remember from when your tolerance was highest. It may also be easier to feel unpleasant effects, such as anxiety or restlessness when the tolerance is low. Good luck!

Nicotine

In the United States, this is the drug that is probably used the least frequently out of the four that I am detailing in this essay. There is no doubt that Nicotine is a drug, although its effects are not incredibly intoxicating, especially with tolerance. To the average Cigarette or Electronic Nicotine Delivery System (ENDS) user, they may not consider the habit a drug addiction, but that is exactly what it is. Cigarettes have been proven to be unhealthy, yet many people continue to use them. Interestingly, despite almost everyone knowing that consuming Cigarettes is generally bad for human health, they have remained legal to this day.



When looking at the history of how Cigarettes have been allowed to remain legal to this day, it is interesting to note how some of the initial studies on the drug indicated that there was little to no negative health effect from smoking Cigarettes. Lung cancer was once an extremely rare disease, with most doctors seeing it as a “once in a lifetime” oddity. In the 1940’s and 1950’s, a strong link was developing between the incidence of Cigarette smoking and an increase in lung cancer. So strongly and effectively did Cigarette companies dispute the evidence in an effort to maintain sale of the drug that by 1960, only about **one in every three doctors** in the United States **believed that there was a link between Cigarette smoking and lung cancer** [NicHealth].

Looking back at these statistics from the modern day, it is shocking how effectively these companies were able to convince so many people, even respected doctors, that Cigarettes were not the cause of harm. It is not only the Cigarette industry that did this historically, when it comes to modern day instances of this occurring, I believe we see this today in the pharmaceutical industry. While I think pharmaceuticals can be helpful, there is some evidence of how these companies do studies on their own drugs to promote their distribution and there can be a conflict of interest. Due to the vast size of this industry, it is unlikely if corruption will ever be fully uncovered. For more details about problems in the pharmaceutical industry, please see the essay on the topic. Image: Cigarette use over time can cause a blackening of the lungs [NicCancer].

My concern is that similar to how Tobacco companies were touting the safety of Cigarettes decades ago, that the relatively new ENDS/Vaporizer companies are also describing safe use of vaporized Nicotine, when in fact it is actually highly dangerous. I am apprehensive about the studies that will come out in the coming years. Hopefully vaporized Nicotine is as safe as these companies claim it is.

For Cigarettes, when we observe some of the facts and statistics closely, it should really make us question why these drugs are still allowed to even be produced. According to the Center for Disease Control, Cigarette smoking is the leading cause of preventable death. Worldwide, Tobacco use causes **7,000,000** deaths per year, 480,000 of which are in the United States. The total economic cost of Cigarette smoking is approximately **\$300,000,000,000 dollars** per year [NicStat]. Despite the high cost and rate of death, **19% of adults in the world** are still Cigarette smokers, though the number seems to be falling in recent years [NicTista].

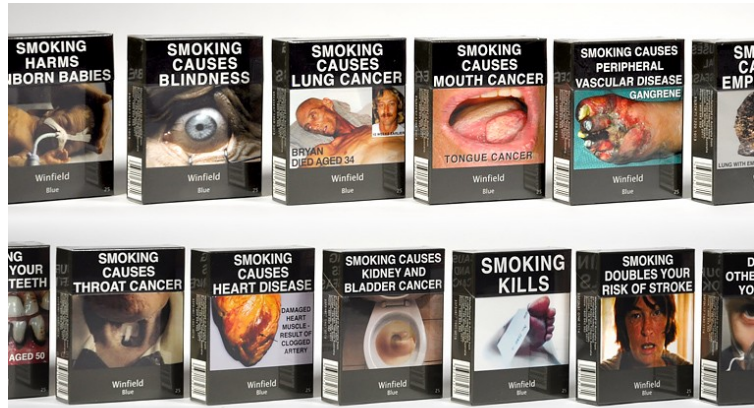


When looking at how much Tobacco companies have invested in keeping their products in the market, it is unsurprising that Cigarettes are still sold in stores. In fiscal year 2020, they spent over **\$9,000,000,000 dollars** on Cigarette and smokeless Tobacco advertising. It is not just the Tobacco companies that are making substantial money off Cigarettes. When looking at the money states collect off Tobacco tax and settlements in court, a

yearly revenue of **\$27,200,000,000 dollars** is rather substantial. Even with such a large sum being

collected, states will only spend about 2.7% (\$740,000,000) of this income on programs to help people stop smoking [NicStat]. *Image: These are unmarked Cigarettes and \$100 bills to emphasize the reason that Cigarettes still exist is because of money [CigPic].*

Rather than outright banning them, which would greatly frustrate Cigarette companies, there have been attempts to try to curb the consumption of Cigarettes depending on the country or territory. Some countries mandate unpleasant anti-smoking images on Cigarette packs. Personally, I am baffled by the lengths that organizations will go to discourage Cigarette use, rather than just banning them. The images shown here are extremely graphic. *Image: These are some of the counter-advertisements that are put on Cigarette packs to discourage consumers from making a purchase [RACGP].*



Despite how strongly I feel that Cigarettes are devices that were designed in part to kill human beings, I will maintain my stance on Cigarettes in line with the purpose of this book: No matter how harmful, Cigarettes should remain legal, just like all drugs should be. I believe efforts should be devoted to educate the youth of the world more intently about just how harmful cigarettes are.

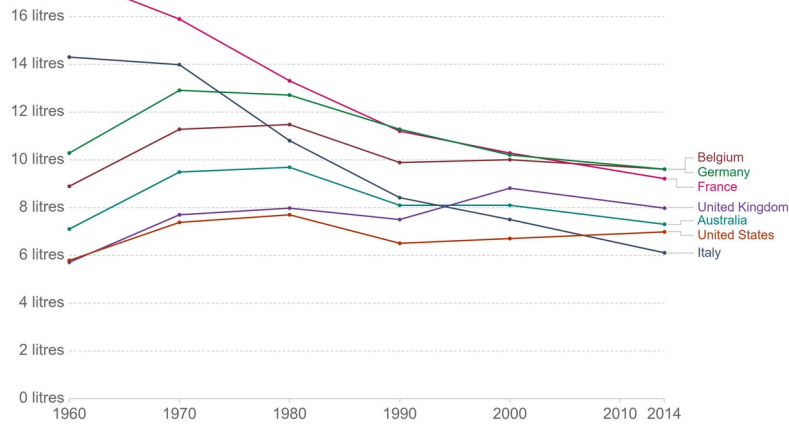
Alcohol

Alcohol is by far the most intoxicating out of the legal drugs that are available, and also the best example of why all other illegal drugs should be legal. If we genuinely did not want people to experience a significantly altered state of mind, then Alcohol should definitely be illegal, but it currently is not! If the reader has already examined the earlier essay about prohibition in the 1900's, then they will already know that prohibition did not work for Alcohol. I believe it is only a matter of time before a similar realization comes that prohibiting other drugs will only cause long-term consequences for humanity. But I digress... Let us examine some facts and statistics about Alcohol.

Alcohol is estimated to cause 2,800,000 premature deaths per year worldwide. Of the risk factors for death, it comes in ninth place, above indoor air pollution (1.64 million) and low physical activity (1.26 million). Alcohol is estimated to kill about **five times** as many people each year than drug use (~585,000 people) [AlcStat]. While a majority of the world (57%) has not consumed Alcohol in the past year, the other **43% of the world population are current drinkers** (having had a drink within the last year) [AlcWHO]. Globally, it is estimated that 1.4% of the entire population has an Alcohol use disorder. For what constitutes an Alcohol use disorder, please see the source that follows [AlcStat].

Alcohol consumption per capita, 1960 to 2014

Average per capita alcohol consumption measured in litres of pure alcohol per person per year.



Source: Holmes, A. J., & Anderson, K. (2017). Convergence in national alcohol consumption patterns: New global indicators. Note: Note figures are presented as the per capita average of the total population (not restricted to adults).

CC BY

While it does seem that the volume of Alcohol consumed across the world has been declining over time, it does not seem as if the use of Alcohol will permanently cease anytime soon. When discussing the type of alcoholic beverages that are consumed, about 62% of all alcohol that is ingested comes from wine, with about 10% from beer, and the rest comprises the spirit-based liquors, such as vodka, gin, rum, tequila, and whiskey [AlcStat]. *Image: Declining rates of Alcohol consumption over the*

last sixty years [AlcStat].

When looking at the advertising industry, it is no wonder that alcohol is still consumed to the extent it is today. There are advertisements for all types of Alcohol on television, though beer seems to be the most common, where considerably attractive people are often depicted enjoying the substance with expressions of pure joy. Spirits are sometimes advertised for on television, trying to entice consumers with claims of enhanced sophistication. While I rarely see advertisements for wine, the beverage essentially sells itself in restaurants and liquor stores since types of wine are so varied and people usually have a specific taste. Aside from Television, I have seen advertisements for Alcohol in magazines, newspapers, billboards, and social media. Sometimes, brand name Alcohols are imbedded into movies and music videos as a type of subliminal message meant to encourage viewers to buy product. How can we escape the desire for this drug?

Realistically, Alcohol will not go away, just as Cigarettes will not go away, just as illegal drugs will not go away. The best defense against the advertising of alcohol, and really any advertising of any kind, is to be as well informed as possible about the products before making a purchase. As I look forward to the potential legalization of all drugs in the future, one of the biggest concerns that I have is what the advertising industry will do to drugs and the potential misinformation that may surround them. To address some of my concerns, I devoted an entire essay to what advertising might look like in part 3 of this book.

Alcohol – The Tranquilizer of Humanity

I feel compelled to end this chapter with my *real* feelings about Alcohol. While I made it one of my goals of this book to avoid expressing outright anger at a specific substance or the functionality of the legal system, I sometimes cannot hold back and must speak what I feel. When looking at all drugs (legal and illegal), apart from perhaps Opioids, I believe that trying to understand the widespread consumption of Alcohol is the most frustrating for me. How is it that this drug, which is known to cause more than 200 types illnesses and diseases [AlcStat] still legal, when Cannabis, which is arguably less intoxicating and has been shown to actual reduce or eliminate cancer cell growth [Cannabis] still illegal? On top of that,

according to the DEA Cannabis is still a Schedule I, which means it has no accepted medical use, even though more than 35 states have approved the drug for medical use. Something is not right here.



Perhaps my most controversial viewpoint when it comes to Alcohol is that it is a drug that is used as a tool to control people. By its very nature, alcohol stimulates the GABA receptors in the brain, the same receptors that are stimulated by anxiolytic drugs like Benzodiazepines (Xanax/Valium), and causes a sense of calm and relaxation. Have a rough week at work? A drink is always nearby. Problems at home? Drinks are available. What would happen if people did not have anything to reach for when they desired to calm themselves down? They may be forced to express these emotions in other ways, perhaps getting angry or talking to others

about how they *really* feel. Image: A woman is shown drinking in what appears to be a state of stress or agitation. While this may not be the most common use of Alcohol, it is still generally common and even accepted to self-medicate in this manner on occasion [AlcHead].

Not only is Alcohol used as a tool of control to quell difficult emotions, but it can also be used to control people in social situations. While it may be helpful at lowering inhibitions, allowing for people without a personal connection to each other to come into closer communication, what I have noticed is that the type of conversation that happens while under the influence of Alcohol is usually lacking depth. When I compare this to conversations that have been had while under the influence of drugs such as Cannabis, MDMA, or LSD, where there is usually a more creative side to conversation, with people sometimes questioning the meaning of their existence or purpose in life, to me there is no question about which drugs provide a greater depth of thought.

I believe that it is perhaps the wish of the ruling class of humanity for us not to ask questions about why things are the way they are. Since Alcohol has a tranquilizing effect, it does not usually make people want to ask deeper level questions, and thus is a better choice of intoxicant for those wishing to exert power over others. It does not benefit the ruling class to encourage users to become more curious and ask questions when consuming other drugs such as the ones mentioned above, which is perhaps one of the reasons why these other drugs are still illegal.

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What are some of the Most Common Misconceptions and Myths Surrounding Drugs?

Throughout my years of drug use, discussion, and research, I find myself baffled at just how uninformed some individuals can be about various drugs. There are some who believe some arguably outlandish claims, likely because they were heard from a trusted media source or from a friend who sensationalized a situation. These misconceptions can be dangerous as the false information can lead some individuals to making poor choice when it comes to drugs. In order to really illustrate this point, I believe providing a few examples will be useful.

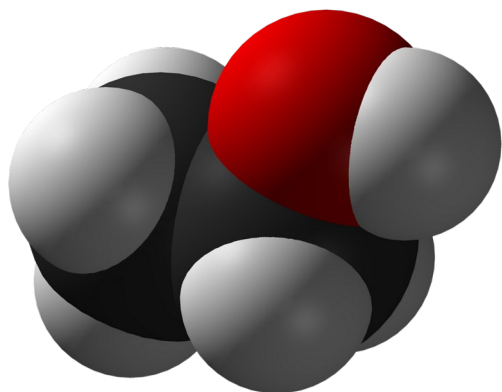
“The first time a person ingests Heroin, they become Addicted.”

This is a misconception that I genuinely believed for years. When I first heard about Heroin when I was in grade school, teachers in various health-oriented classes would caution that it is the “Most Addictive Drug” and that if a person takes it just once, they will never want to stop taking it. While this may be true for some, it is not true for all.



Recent estimates indicate that about 20% of people who try heroin become dependent on it [HeroAdd], though I have heard statistics that say this number is closer to 25-30%. PLEASE NOTE, I do not want to encourage anyone to try this drug. Having a 20-30% addiction rate is still rather high when compared with other drugs. For those that have addictive tendencies, either because they cannot handle emotions, have a troubled past, or for any other reason, this drug could be particularly dangerous. *Image: Powdered Heroin* [Hero1].

“Alcohol is safer than other drugs. That is why it is still legal.”



When I bring up legalizing drugs to other people, I frequently hear a response that goes something like this. Regarding the legal status of Alcohol, I believe the drug might still be legal because it is the drug that has been around longer than any other in the history of humanity. It is also one of the easiest drugs to produce and has the simplest chemical formula out of the drugs that I am aware of. Due to its ease of production, it can easily be made at any location in the world. It is understandable why Alcohol has been around for so long, and why it is still the primary intoxicant of the world. *Image: This is a drawing of the molecule of Ethanol, the type of alcohol that is consumed for intoxication in modern society*

[Eth].

The belief that Alcohol is somehow safer than other drugs can lead to a slippery slope of thinking. Is it safer physiologically? Psychologically? Does it kill less brain cells? What about the cost on society? I believe the answers to these questions are best illustrated by some powerful statistics:

Alcohol consumption contributes to more than **3,000,000 deaths** each year globally [AlcWho].
Illicit drug use contributes to more than 400,000 deaths each year [WhoStat].

Globally there are about **100,400,000** people who have Alcohol use disorders [AlcStat].
By comparison, worldwide, it is estimated that 27,000,000 people have drug use disorders [WhoStat].

According to some of the most recent data, 43% of adults in the world participate in the consumption of this Alcohol [AlcWho].
For illicit drugs, approximately 5.4% of the global population of people of all ages are consumers [Statist].

Also, 40% of those who drink will have admittedly at least one heavy drinking episode per month [AlcWho]. For illicit drugs, approximately 13% of those who use illegal drugs have what is called “problematic drug use” [Statist].

“I can tell how pure a drug is by taking it!”

Whenever I have heard a person claim they can identify how pure or clean a drug is by sampling it, I have mixed feelings, either wanting to laugh or cry. On one hand, the over-confidence is humorous, because unless the user is very *VERY* experienced with the drug in question, having tried it in a purely scientific setting hundreds of times, with various levels of purity and various adulterants verified with laboratory equipment, there is virtually no way of knowing exactly how pure the drug might be. On the other hand, hearing this myth said aloud is painful, because the person’s confidence can be their biggest downfall, as they may sample a drug that is so heavily adulterated that they could suffer from serious injury or even death. I have had friends suffer and die from this exact fate. Believing a person can identify the purity of a drug by looking at it or taking it is **DANGEROUS** and **FOOLISH**.

This is especially problematic if the drug comes as a white powder. Countless drugs can come in this form. They can be Opioids, Amphetamines, Cocaine, Psychedelics, Synthetic Cannabinoids, or any other number of substances. The real issue with purity is not being able to fully trust your source. Most people do not have an honest and loving relationship with their drug dealer, and therefore, determining if their product is pure and genuine is difficult. Even if the user does trust the drug dealer, what if the drug dealer’s dealer happened to supply impure product? The user would never know.

One way that a user might have a vague idea of determining what drug they have is by using reagent testing kits. Each of these kits contains a unique mixture of chemicals. If a small sample (perhaps a few milligrams) of a drug is laid out, and then a drop of liquid from the test kit is applied to this substance, there will be a color reaction. Depending on the color

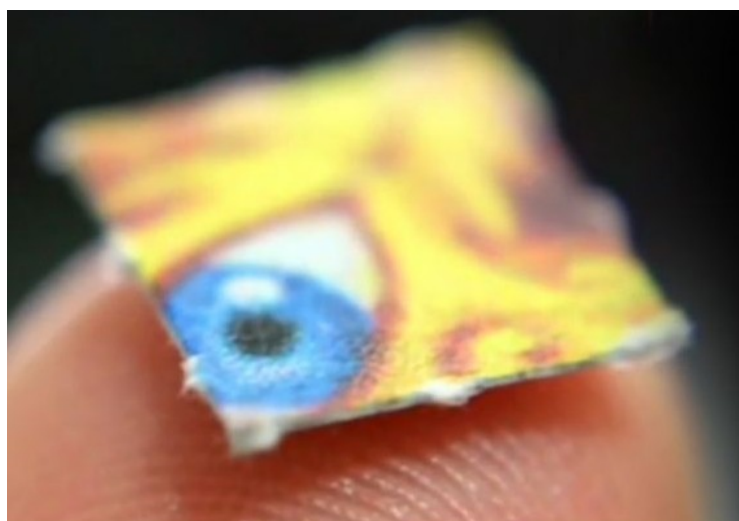


reaction, it can indicate the presence of a certain drug. For example, if MDMA is placed on a white surface, and the Marquis (one of the more common) reagent kit is applied to the drug, the reaction will emit a dark purple/black color, sometimes creating bubbles or even a wisp of smoke. While this is useful in determining if the substance in possession contains the drug desired (in this case MDMA), reagent kits CANNOT determine if there are cutting agents, such as Fentanyl where a few milligrams can be LETHAL, in the sample. *Image: Reagent kits from BunkPolice, my personal favorite testing kit service [Bunk].*

PLEASE NOTE! The most important thing to remember is that unless you made the drug yourself with advanced knowledge of chemistry and/or pharmacology, or know and trust the person who made it personally, there is virtually no way of determining if the product you have is pure without expensive laboratory testing equipment. Energy Control in Spain is one such laboratory that tests the purity of drugs, oftentimes sending a detailed report of just how pure the substance is, including the quantity of adulterants in the form of percentages. It is very expensive, but to have this resource is indispensable.

“If you take LSD six times, you will become clinically insane!”

Why not seven? What happens if a person does it fifteen times? How about five? Does it matter if the dose was 50ug (micrograms) or 500ug each time?



The first time I heard this, I thought this must be a strange joke somebody made up, but when I heard this echoed by other people over time, I realized that this was a rumor that was quite pervasive. Aside from there being no medical evidence to prove this, if a person has even a very basic knowledge of the effects of drugs in general, this misconception does not make sense logically. LSD can come in various doses, with a common dose in one tab containing roughly 50-100ug, though doses as low as 10ug or as high as 500ug are not impossible. *Image: A tab (dose)*

of LSD (Acid) [Tabpic].

While LSD can cause a profound change in perception and possible psychotic thought patterns, for the majority of people, these effects are fleeting and subside after the drug wears off. According to a recent study done in the United States, there is no link found between psychedelics and psychosis. In fact, the data showed that some who had taken LSD or Psilocybin containing mushrooms actually had lower lifetime rates of suicidal thoughts and attempts. Many of the beliefs of insanity caused by taking psychedelic drugs like LSD originated in the 1960's when the drug was surging in popularity, but it is now believed that many of these myths originated because of a desire by the government and law enforcement to curb drug use [LSDPsych]. There are many sources which state the opposite – how LSD can contribute to psychosis, schizophrenia, and other mental disorders. I would encourage the reader to do their own research and do side-by-side comparison analyses to find the truth. However, truthfully, a person will NEVER know how a drug can affect them unless they take it.

Since we are on the topic of the health effects of LSD, it is worth discussing the physiological toxicity. From a purely physical point of view, there are currently no known overdose deaths from the drug. The lethal dose is also unknown. One example to indicate just how safe LSD can be comes from a study done in 1974, when four men and four women thought they were insufflating cocaine, but it was actually pure powdered LSD. They reportedly did two lines each, with an estimated volume of 30mm x 3mm x 4mm for each line [LSDover]. I actually tried to calculate the weight of this in mg. Since I did not have powdered LSD available, but instead had fluffy powdered S-isomer Ketamine, I did my calculation with this drug. The total of two lines of this size was roughly 150mg. If the average dose of LSD is 100ug per tab, then each person consumed roughly **1,500 doses** of LSD. All eight of them experienced intense discomfort, but all made a full recovery. I cannot think of any other drug where doses can be taken 1,500 times the normal dose where a user will survive, except perhaps Cannabis.

“When you take Ecstasy (MDMA), it is like taking ice-cream scoops out of your brain!”

I believe I first heard this in a television show, but I also heard it echoed in one of my college classes which was mildly concerning. Most people should know that the human brain is probably only the size of about 10-12 ice cream scoops, so then if we assume each Ecstasy pill takes two scoops from the brain, then the consumer of the drug should be virtually brainless and in a vegetative or comatose state after about five or six pills. Similar to our LSD example above, this does not make sense. There are many Ecstasy users who will take five or six pills in a *night*, and I am still somehow able to communicate coherently with them.

While I did take this example perhaps a bit too literally, I am sure this misconception was likely made up to discourage MDMA use because of the purportedly harmful effects. However, when I looked into the negative health impacts of MDMA use, they do not seem to be as severe as was originally described when the drug was first made illegal decades ago.

At first, research came out in the early 2000's that said MDMA was very harmful for the body and brain. It was said that just one dose of MDMA could cause severe brain damage. Many scientists took this study as gospel and used it as a tool to try to discourage use of the drug. It was later discovered that the scientists actually administered a high dose of Methamphetamine rather than MDMA to their primate research subjects, causing lasting damage. Curiously, the bottles that the researchers had ordered to the laboratory had been mislabeled. The bottle labeled “MDMA” contained Methamphetamine, and the bottle labeled “Methamphetamine” contained MDMA [MDMAMisinfo].



While the reader can still find a multitude of articles that assert how harmful MDMA is, there are some sources that state that these claims are largely exaggerated. In one account, Dr. Rick Doblin, who has done a tremendous amount of research into the field of psychotherapeutic MDMA use, illustrates how many of the studies

that tout harmful effects of MDMA are overstated. He also makes note how, while there may be some slightly damaging effects from the drug, that these effects are temporary and most users will make a full recovery if they are not abusing the drug [DobMDMA]. As was said above in the LSD example, I advise the reader to do their own research and make decisions for themselves about the safety of the drug. *Image: Pure crystal/rock MDMA next to a variety of types of Ecstasy pills* [MDpic].

In addition to articles that may potentially be exaggerating the harmful effects of the drug, I believe that many of the ill-effects we see in the present day are from users consuming what they believe to be MDMA, but in reality, is actually some euphoric stimulant chemical relative, such as Methamphetamine, Methyline (bk-MDMA), Mephedrone (4-MMC), or 4-Fluoromethamphetamine (4-FMA). Many of these more recently synthesized compounds are poorly researched and can have a higher risk of long-term damage. There are news articles that discuss how a person took “Ecstasy” or “Molly” and experienced life-threatening health effects or death. Toxicology reports that follow-up on the incident usually discover the presence of other drugs that are *not* MDMA. Again, please do your research.

“THIS is what a Methamphetamine user looks like!”

Some of us who can remember back to high school classes, or who have been in a police station or other municipal building recently, especially in the United States, may have seen pictures like this:

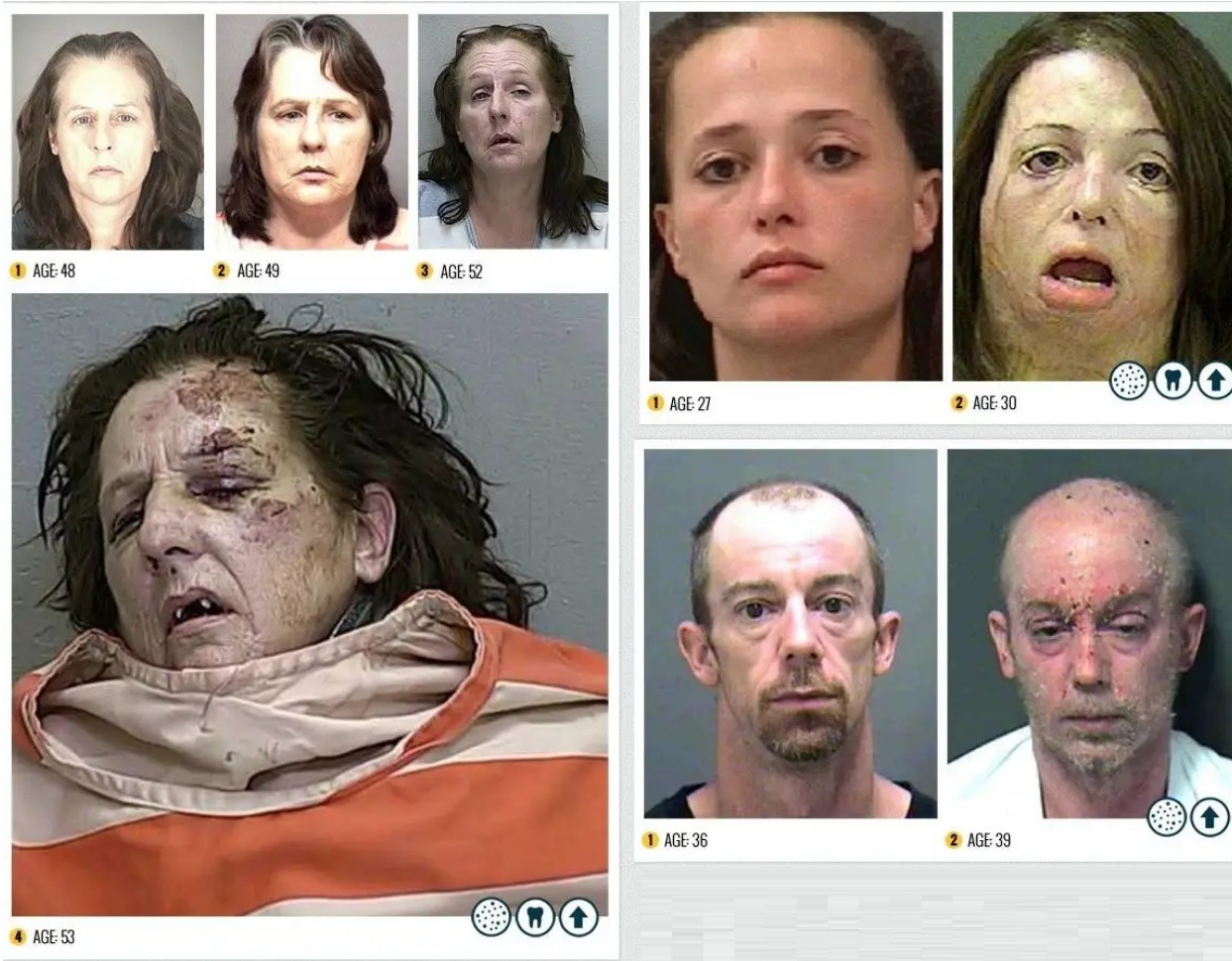


Image: These are some of the “Faces of Methamphetamine” in Multnomah County Oregon [Faces].

When I see pictures like this, I confess I am horrified. These pictures conjure up strong feelings in people based on what a Methamphetamine addict *might* look like. While these pictures *may* be depicting real people, circumstances like this are few and far between. Because the pictures are so horrific, they really get an emotional response out of the viewer. While the intention is likely to dissuade users from using drugs, these pictures are *not* what the average Methamphetamine addict looks like. I can say this, because I have known several Methamphetamine addicts in my life, and none of them looks anything like this.

The fact that pictures like this still exist is a testament to the lack of education about drugs and their effects. Perhaps these pictures work to dissuade drug use to some degree, but they serve a greater purpose to stigmatize drug users (not just Methamphetamine users). This stigma can make people who use drugs feel dejected, causing them to use drugs even more. What would be more beneficial, would be if more resources were devoted to education, and if there were better resources to help those suffering from drug addiction, no matter what the addiction might be.

“WHAT!? You took Bath Salts! Why are you not insane?”

Some readers may recall the “Bath Salt” craze that coursed through many mainstream media outlets in 2012. According to the news articles, in May of 2012, a homeless man reportedly ate the face of another man in Miami, Florida [Bath1]. News outlets everywhere blamed these Bath Salts as main contributor to why the crime was committed. Follow-up toxicology reports, however, stated that there were actually no Bath Salts found in the man’s body. There was also no LSD, Synthetic Cannabinoids, or Alcohol found. The only drug found in his blood was THC, the active

component of Cannabis [BathTox]. This is not to say that Cannabis will turn humans into cannibals, but in this particular situation, it seems that the man was suffering from multiple mental disorders, potentially exacerbated by the psychoactives in Cannabis, which likely contributed to his apparent break with reality. Since he was shot and killed at the scene, I suppose we will never know exactly what was really fueling his mind. *Image: A snapshot of one news source documenting the Bath Salt incident [CNN].*



When I told people in 2012 that I had been taking Methylone and Mephedrone on occasion, I would usually be confronted with blank stares. Most people did not and still do not know what these drugs are. However, if I told them that these drugs were in the class of drugs that were so-named “Bath Salts”, I would be looked at as if I were exceedingly unintelligent, perhaps even craving death.

“Didn’t you see the news!? Those drugs will turn you into a cannibal!” they would say.

“Did you know that there were actually no Bath Salts found in the cannibal man’s body?” I would reply.

After this, I would usually be greeted with silence. This example illustrates just how deeply false information can pervade society. This indicates that the world would benefit from honest and accurate drug research so that misinformation will not be so widespread, stereotypes will not be created, and perhaps more lives will be saved.

Simple Internet Searches usually do not Reveal the most Honest Information

Out of curiosity, I was Googling the effects of Cocaine and other street drugs, and a page from WebMD popped up.

Cocaine

This drug comes in different forms. A user can snort the powder type through their nose or inject it into their bloodstream. Crack is a crystal form of the drug that’s smoked and absorbed into the bloodstream through the [lungs](#).

What else it’s called: *Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, or Toot.*

What type of drug is it? Cocaine is a highly addictive stimulant made from the coca plant. Crack cocaine is even more addictive.

What are the effects? It triggers your [brain](#) to release dopamine and creates a euphoric feeling. The high is intense but short-lived, which leads people to use it repeatedly to try to keep the feeling going.

The risks are:

- Increased heart rate
- [High blood pressure](#)
- Increased body temperature
- [Stomach pain, nausea](#)
- Loss of appetite, malnourishment
- [Heart](#) damage and [heart attack](#)
- [Stroke](#)
- Death
- Loss of smell, [nosebleeds](#), and problems swallowing
- Higher risk of [HIV](#) and [hepatitis C](#) due to sharing needles or other drug equipment
- When used during [pregnancy](#) it can cause spontaneous abortion, low birth [weight](#), birth defects, and a baby born addicted to the drug

WebMD has a multitude of health information, sometimes useful, and sometimes questionable. While I agree with a lot of what is said here regarding the potential risks of Cocaine, I believe the style of trying to describe just how many risks there are versus the reward which is only described in a few words: “...release dopamine and creates a euphoric feeling” is misleading and problematic [WebMD]. I understand trying to discourage drug use, but is this the best way to do it? I believe that listing all the allegedly enjoyable effects directly next to the arguably negative effects and health risks may illustrate more truth and allow for more information to be shared. *Image: A snapshot from WebMD about the effects of various street drugs [Webmd].*

In addition to finding pages that are similar to the one displayed here, usually when I look for drug effects of commonly known drugs in a traditional search engine, I am greeted with a multitude of results that are advertising for drug

rehabilitation centers or addiction recovery programs. Many of these centers do not accurately describe the effects of drugs, which is understandable since they are trying to pull drug users into their programs so they can generate profit, but is this the right way to handle the problem of rampant misinformation?

I firmly believe that we need a master source of drug information. There are some websites that exist, such as www.Erowid.com and www.PsychnautWiki.org that have attempted to document the effects of drugs accurately, but the problem is that much of the information provided on these websites is anecdotal. Due to the fact that most of these drugs are illegal, it becomes very difficult for researchers to study the drugs in a more scientific setting and derive valid and useful information. If drugs were legalized, it would be much easier to do these studies, and there would likely be no shortage of volunteers to voluntarily take drugs for the purpose of science. The spread of honest knowledge about the effects of drugs would be rapid in a world where all drugs were legalized and regulated.

The Misinformation about Drugs begins at School during Youth

When I think back to my early education and the D.A.R.E program (the name for the drug education program taught in United States schools) in elementary and middle school, it is almost laughable to think back to some of the things I was taught.

One teacher told me that because the tolerance build of cannabis is so strong, a person would have to increase the number of joints they smoked by one per day, so that after a month, a user would have to smoke thirty joints to achieve the same effects as the first joint on the first day. While tolerance building to cannabis is very real, I do not know anyone who was able to increase their tolerance to the drug this rapidly. We were also not told of any of the enjoyable effects of the drug.

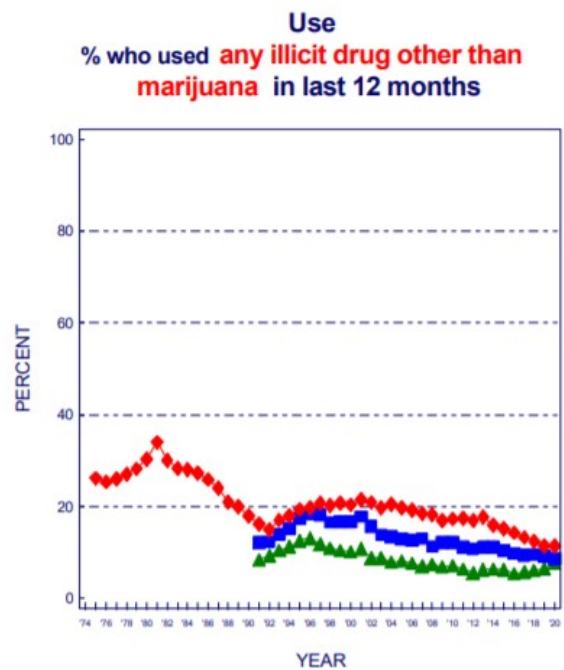
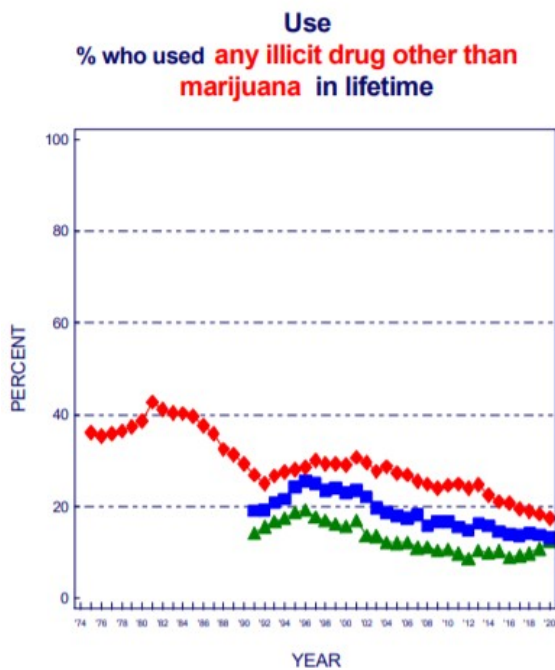
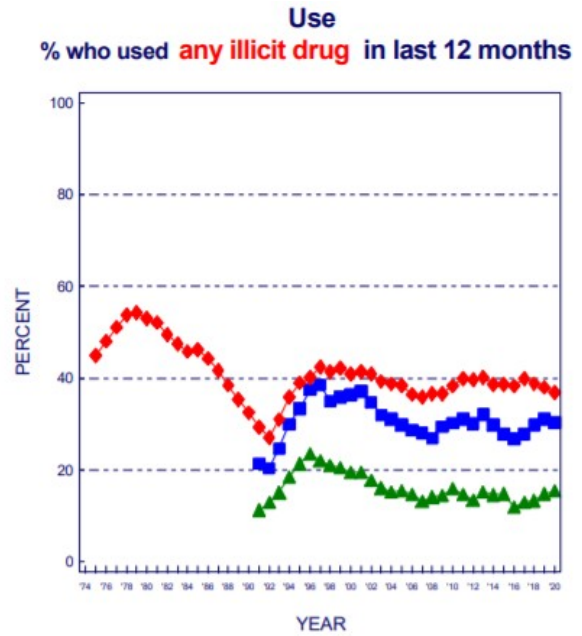
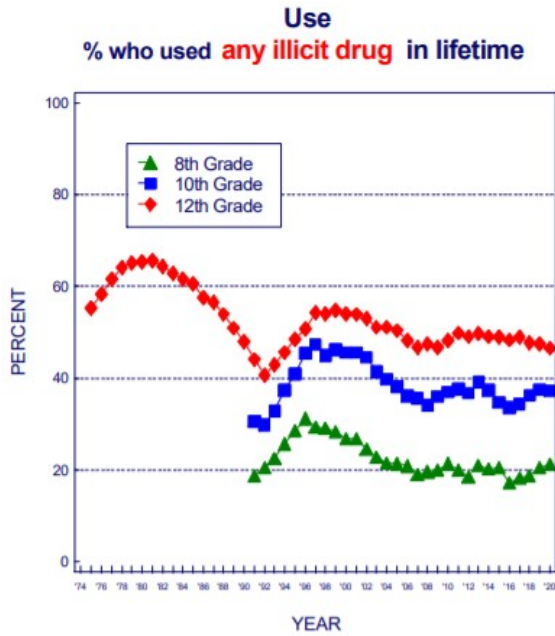
If my memory serves me well, we were also not told about the pleasurable effects of “harder” illegal drugs like Cocaine or Heroin. Almost everything from these D.A.R.E. programs echoed the mantra that “Drugs are bad” and “Just say NO!”. Whenever one of us curious students would ask, “Why do people do drugs if they are so bad?” we would often be given an answer along the lines of “The drug users are stupid.” This was not a very helpful answer!

When it came to Alcohol, the information we were given in school did not line up accurately with what I would see at home. We were told that Alcohol was destructive, impaired your driving, and could cause addiction. While these are all true claims, I do not remember learning anything about the enjoyable effects of Alcohol. As a child, this confused me because I would witness my family drink Alcohol at family gatherings and truly enjoy themselves. Why did they not talk about that in school? I would argue that by not discussing the potentially enjoyable reasons why people drank Alcohol, the curious young minds became even more intrigued by this mysterious substance. From my observation, children are usually more impressionable when it comes to the behaviors of family when compared to authority figures in school.

Statistics show that the youth of the country will use drugs regardless of education. According to results from the 2020 Monitoring The Future report which tracks substance use among adolescents:

*11.4% of 8th graders reported Marijuana use in the last year, while 35.2% of 12th graders did.

*By the end of high school, 61.5% of adolescents report having had Alcohol at least once, with 26% reportedly having done so by the end of 8th grade.



The range of years is from 1974-2020. When looking at trends in this graph, it seems as though the "Just Say No!" campaign in the early 1980's was actually somewhat successful at decreasing the prevalence of drug use for about ten years, but then an increase of use began in the 1990s. Since the early 2000's, it appears that drug use among the youth of the United States is decreasing slowly, perhaps due to better drug education programs in school [MTF2020], but I theorize that this trend will not continue. Covid-19 was devastating for the mental health of all, and both parents and children have had various levels of suffering. The trend of drug use may increase when adolescents begin to go back to school as fear of the virus wanes. Now is more important than ever to get children the proper education they need.

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Drug Addiction

My Struggles with Drug Addiction

"It's not the drugs that make a drug addict, it's the need to escape reality"

-Riley Blue

Before getting into the broader topic of drug addiction as it pertains to drug legalization, I think it will be pertinent to discuss my own experiences in addiction. Since I have been a drug user for many years, and because I also faced many struggles throughout my life, I fell into drug addiction multiple times with multiple different substances. I was never addicted to Heroin, Cocaine, or Methamphetamine, drugs that people usually label as the "bad" drugs. Some of my addictions did include Caffeine (longest: multiple years), Nicotine (longest: multiple years), Cannabis (longest: multiple years), Synthetic Cannabinoids (longest: multiple months), GHB (longest: multiple months), Benzodiazepines (longest: multiple weeks), and Opioids (longest: multiple weeks). I

am blessed that I was not addicted to some of the more arguably "hardcore" drugs, such as Benzodiazepines or Opioids for a longer period of time as I have witnessed the withdrawal from both of those classes of drugs in close friends of mine, and it is awful. *Image: This shows a multitude of drugs, meant to indicate that essentially every drug can have some level addiction tied to it [Wiki1].*



Each addiction came with its own positives and negatives. Some may question, "But how are there any positives to drug addiction?" My response is that if there were truly *no positives* of any kind, then the user would likely not be using the drug in the first place. Of course, as the addiction persists, the positives become less and less, and the negatives more and more. What I have noticed, is that many people are addicted to drugs as a form of escape. What the user is trying to escape from depends on the circumstances in their life that led them up to that point. Speaking personally, I believe there were several things I was trying to escape from which kept me in the throes of addiction.

The first, was that I felt behind and I wanted to get rid of that feeling. Undoubtedly, my worst period of addiction was when I had been recently asked to leave my college for drug related crimes. I had completed four years of schooling up to that point, but unfortunately, did not graduate. I witnessed friends of mine graduate, get professional jobs, get married, have kids, and buy houses. These were all the things I thought I was supposed to be doing, but instead of striving towards these goals, I just kept using more drugs. At the time, it was easier to turn to this coping method than to face the problem head-on.



Another part of me that kept me in addiction was my lack of discipline. Why would I work hard and try for something that might not work when drugs were

right there in front of me? This is the example of striving towards that instant gratification, that hit of dopamine, that quick pleasure, that easy escape. To me, it did not much matter where it came from. It could be a Cigarette, a cup of coffee, a hit of Cannabis, a pill, a line, a snack, or excessive exercise. Anything that worked to remove me from doing what was *actually* best for me took priority, and there was much instant pleasure, and much long-term failure. *Image: This is a little infographic to show that to make substantial changes in life, sometimes hard work is needed* [Discipline].

Although this arguably encompasses the previous two examples, I believe stating it outright can be more beneficial: I used drugs as a form of self-medication to numb the pain of life. Why feel sad, angry, upset, or stressed about my life while sober, when I could take drugs that would make those feelings disappear? For a period of years, on-and-off, I battled myself and what I really wanted by dulling my emotions. The most effective drugs for doing this are drugs that have a numbing sensation, such as Alcohol, Benzodiazepines, Opioids, and GHB.

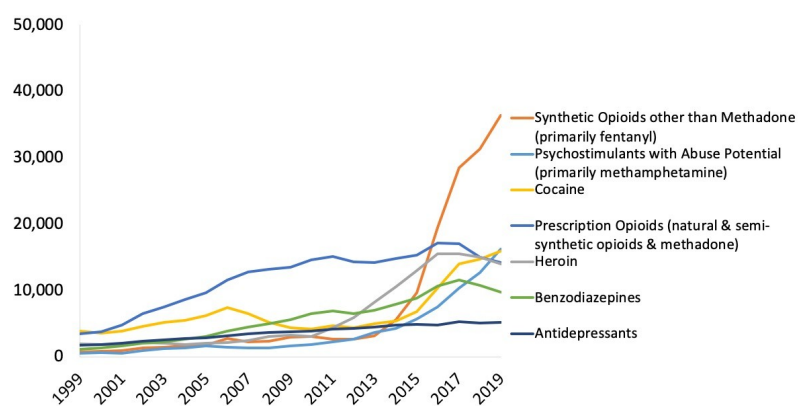
What did I do about it?

It took years, and it was not until several months ago at the end of 2020, that I began to realize that my life was not going to progress and my addictive tendencies were not going to dissipate until I dealt with the issues of my past. To best handle this, I spent a lot of time doing the opposite of what I was doing during addiction. Instead of running away from my problems, I ran straight towards them. Since I did not have access to a therapist at the time, I tried to create my own path in self-therapy. Many hours were spent deep in thought, going back over past traumas, and subsequently journaling about them. I cried many times. While I still do not believe I have faced every conflict of my past, I have at least faced almost every conflict that I can remember. It was not easy, but after this hardship, I am so grateful to have done it.

Of course, this is much more difficult to do than it would be to simply use a drug, which is why I was stuck in addiction for so long, but after a while, many addicts will realize that enough is enough and something needs to change. If they do not, they run the risk of having their addiction destroy them. Indeed, this is what I witnessed with more than a few friends of mine. Looking back now, after they died, I can see some of the pain they were in, but I did not know how best to deal with it. I have spent many hours wondering what I “should have” or “could

have” done to have tried to help them, but thinking about this too much would drive me to insanity. Instead, I try to think about what this can mean for the friends that I have now, and how I can try to be the best friend that I can by allowing them to express their pain by whatever means necessary. *Image: This shows how the number of Opioid deaths from overdose has been increasing in recent years,*

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2019



*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

especially from rampant use of Fentanyl. It hurts to think how my friends became statistics in a graph like this [Fent].

Dealing with past issues is important, but step two in my personal recipe in recovery is finding purpose in life. If the user is lacking purpose or direction, even if they have resolved conflicts of the past, then there is a greater likelihood to turn to drugs, either from lack of things to do, or from sheer boredom. While this may not seem problematic at first, it can eventually lead to problematic use. I do not know how to best advise the reader how to find their purpose if they believe they have not discovered it, so I will only talk about myself. For me, I believe I have found purpose in researching, writing books, and then sharing them with everyone for free. It fills me with a fire to *accomplish*, and I do not remember having ever felt this way before. Now, thoughts come into my mind, such as “Why would smoke Cannabis or use other drugs when it will take you away from your purpose?” This is in stark contrast to when I had not found my purpose, and thoughts would come that sounded like, “Hey, you’re not doing anything, why not have a drink and play that game?” Or, “Ooh, you’re just sitting here, you know what would be better than just sitting here? Smoking Cannabis and sitting here!” Sometimes, when I think about my differences in mentality as time has progressed, I am simply amazed at how I used to think.

So, to recap, I needed two things: **Dealing with my shit** in the past, and **finding purpose in life**. I will not say that everyone will benefit from just these two things, but I certainly think they can help. For testimonials about how other people dealt with addiction, please see the end of this chapter.

Does Sobriety cure Addiction? Not necessarily, but it is certainly Important!

Please take note of this: *Remaining abstinent from the use of drugs for extended periods of time does not guarantee freedom from drug addiction.* Throughout my last twelve years of drug use, I had two one-year long periods of total sobriety from all intoxicating drugs (still allowed myself Caffeine and Nicotine). Did I still want to use drugs during these periods? Yes. But since I was determined not to do drugs, what did I do instead? I did

things that I considered “fair” because they did not break my personal rules for what it meant to be “sober.” This meant that I allowed myself to abuse Nicotine and Caffeine, as well as binge watch television and movies. I also obsessively played video games, and spent more hours than I would ever like to admit staring at the screen of my phone, scrolling aimlessly through any and all social media. Clearly, simply abstaining from drugs was not reducing my desires to alter myself in some way. *Image: I chose this image because it indicates that an abstinence-only approach is not the only way to treat addiction [Abstinence].*



In another more recent situation, I had been abusing drugs a bit more frequently than I would have liked to. It was causing dishonesty, and my husband was not happy

with this result! I vowed to stay clean for 90 days from EVERYTHING. I gave up Sugar, Nicotine, Caffeine, everything... The only things I put in my body were water, electrolytes, carnivorous foods (a special diet I follow), and decaf herbal tea on three occasions. My mind was so free from any substance that would cause alteration. I also took up daily meditation, sometimes sitting still for an hour a day, then I followed this with another 30+ minutes of breathing exercises. I ran every day. I lifted weights. I really thought I was doing everything that would make me not want to use drugs. *Image: Cartoon people meditating [Meditation].*

But would you believe it? There was still this nagging sensation to use drugs. To alter my mind in some way... for almost the entire period of time that I gave everything up. And after this 90-day period ended, you best believe that I enjoyed (and abused) some substances. I played games. I drank Alcohol. I thought I “deserved” it. How wrong I was. I still had unresolved conflicts about my past. As I said earlier in this essay, I had to *deal* with them, and *make peace* with them. Only then was I gifted with freedom from this compulsive urge to alter my mind in some way. Again, this was one of the more difficult things that I had to do in my life, but the rewards have been infinite.

Now, did my periods of sobriety cure my addiction? Obviously not, but what they did do was allow me to think about what was making me want to use drugs in the first place. I am confident that if I continued to use drugs, no matter how potent or weak, I would not have realized what I had to do to bring me the relief from that compulsive desire to escape. Please do not get it confused: Periods of sobriety were *necessary* for me to be realize why I was addicted to drugs.

There are some that argue that sobriety is the only way to be released from addiction. I do not believe permanent sobriety is necessary, but a person will likely never realize what is causing addictive tendencies if they do not put stop using drugs for an extended period of time. Please also note, there are some people who probably *should* be sober from all mind-altering drugs for the rest of their life, though I think this number is much smaller than conventional society would have us believe.

Drugs are not the only things that people can be Addicted to

Aside from drugs, there are many other activities that cause pleasure which can be addictive. People can become addicted to gambling, television, sex, junk food, driving, or even sleeping. The question is, when does enjoying these activities become problematic?

As I mentioned earlier, there were periods of time when I was sober from all drugs, but I was not sober from addictive activities. Two of my favorite activities were binge watching television while binge eating food, and this behavior was overall unhealthy. I was not making strides in the right direction and so I was left feeling stuck. It was hard to realize this was problematic at the time, because there is actually some amount of encouragement for these two non-drug activities. When it comes to food, I recall a commercial on



television advertising for a spicy cheesy snack that made it sound like a good thing that it was addictive! For encouraging television watching, I can recall hearing radio ads or seeing advertisements that say something along the lines of, "Look, a brand-new show to binge watch!" I understand that these advertising companies are trying to sell products, but is this really what we should be doing as humans? Is it healthy? *Image: This is a picture from a YouTube video describing the reasons why people binge watch television [Binge].*

In a society where these arguably negative habits are encouraged, it becomes hard for any of us to break out of the cycle. It is my hope that one day, instead of being encouraged to eat the latest snacks or watch every episode on television of the latest show, we may see advertisements that push us to think about how we may improve ourselves, either physically or mentally. The idea of seeing a commercial that would encourage people to meditate and dig into their memory to resolve past conflict is mind-blowing, but perhaps not out of reach. The biggest problem is that a commercial like this cannot generate money, and in the advertising industry, the problem always comes back to money.

Many People who are Addicted to Drugs do not often Acknowledge the Problem

I speak of this based on my experience in multiple court-mandated drug rehabilitation centers. Without question, the overwhelming majority of these facilities is populated by individuals who are *required* to be there, who would otherwise face severe penalties by not attending, such as a jail sentence. Out of the five rehabs that I went to, my estimate would be that at least 75-90% of the individuals in each these places were there by court order. The other 10-25% expressed some genuine desire to go, but most of the time their attendance was as a direct result of a friend or family member, insisting they need treatment.



ACKNOWLEDGE

Based on this information, we are able to see that a majority of individuals who are addicted to drugs are not acknowledging the problem, unless they are forced to confront it by a family member or the legal system. In fact, even when many of these individuals enters a treatment program, they are still in denial that their drug use caused any issues in their life, and some even hold onto that sentiment until they end up graduating the program or leaving. I cannot even begin to describe the number of people I would talk to at these facilities who would just "go through the motions." In other words, they said and did whatever they had to complete the program, and as soon as they got out, went back to using whatever their drug of choice was.

Image: Meant to encourage drug users and non-drug users to

acknowledge the very real public health crisis of drug addiction [Ack].

I believe that as long as people are unable to admit the problem to themselves, they likely will not make the changes necessary to improve their situation. The current system does not work. Those

**NO
SHAME**

with substance abuse problems often feel shame and do not seek out help unless they think it is *absolutely* necessary or if they are *required* to get help. The sooner we can eliminate the shame and stigma associated with drug addiction, the sooner we may see greater rates of recovery. I also believe that in a world with legalized and regulated drugs, since less money and resources would be devoted to law enforcement, this money could be reallocated to helping the struggling addicts deal with whatever issues and trauma is causing them to use. *Image: We must stop shaming those with substance abuse problems [Shame].*

Current treatments for Drug Addiction are not as Effective as they could Be

I believe the abstinence only approach that is so encouraged in drug treatment facilities and rehabilitation centers is not the best way to help users deal with their drug addictions. Having been to several of these facilities myself, the success rate that I have observed seems to be fairly low. Just telling someone not to do drugs will not release them from their addiction, but this is the common and accepted practice.



What I think is most needed is a more one-on-one approach to get to the heart of the problem with the addict: What is it that is making them use drugs? The major problem with this is that it is very hard to dedicate the resources necessary to give every drug addict who wants help one-on-one support. When I

think back to the in-patient rehab that I attended, there was about 200 participants and 8-10 counselors. While each participant did have one-on-one time with the counselor, it was only for about 20-30 minutes a week. Group sessions make it hard for users to open up, as they fear judgment from their peers. Speaking personally, I was quite unwilling to divulge past traumas and other information about myself that would have expedited my recovery from addiction in a group setting. I was surrounded by people who also had not dealt with their past issues either! How could I expect to improve myself? This is just another reason why legalizing drugs would be beneficial so that resources could be devoted to improving the health of the struggling addict. *Image: A stock photo about why some do not respond well to drug rehab [Rehab1].*

For more detailed information about alternative approaches, please see my Part IV – Possible Solutions essays about alternatives in drug rehabilitation and about using psychedelic drugs to treat drug addiction.

Narcotics/Alcoholics Anonymous and other Free Services that are Available for Addicts

Many have heard of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). These are incredibly beneficial programs that exist for *anyone* who needs somewhere to go who is in the middle of drug addiction or if they know someone who is struggling. They open their arms to anyone, and it is entirely free to go. They will ask for donations, but these are completely optional. Many meetings supply coffee and snacks for people who may not be able to get these things.

As for my personal feelings about these programs, I am grateful they exist, but I do not generally agree with their structure. The 12-step method is helpful for people who wish to confront their problems, and it is a great psychological exercise of self-discovery. When it comes to the believe that “addiction is a disease,” I disagree. I believe that labeling addiction as an “incurable” disease is limiting. When a person labels themselves as an addict, believing that there is no “cure” for their addiction, there is a level of restriction that is felt by the person. It is like they feel as though they will never be able to feel what “normal” people feel. For some people, this could be very valuable, as there are some people who should perhaps not be using drugs for extended periods of time, maybe even for the rest of their lives.

But for other people, this restrictive self-limiting behavior can dampen the spirit. Still, it cannot be understated: These programs are *valuable* and *necessary* in the world we live in as a resource for those who are suffering from drug addiction. I hope that in the future we have more programs like these that will be more person-focused. *Image: This is the one of the logos for Alcoholics Anonymous [AA].*



Do you think you need help with Drug Addiction? First, talk to someone!

The opposite of addiction is not sobriety.

The opposite of addiction is connection.

--Johann Hari



This cannot be stressed enough: If you believe you are suffering from drug addiction, especially if it is hindering progress in your life, perhaps the best decision you can make is to *talk to someone*. It can be anybody, though friends are preferred. If you do not have a friend or family member that you can turn to, talk about your problem on the internet. If you have access to this book, you almost certainly have access to the internet. Make a post on Reddit calling for help. Find someone else's forum post and talk to them. I once heard someone say

that the opposite of addiction is *connection*. This means that the best way to begin getting free from addiction is to establish a connection with another person. If you are unable to make this human connection, you will begin making a connection to a drug as it will bring you pleasure. This will likely make life more difficult for you in the future. Speak up! Do it for you. *Image: The quote by Johann Hari that discusses how important it is to develop connections with others in order to overcome addiction [Johann].*

There may be some criticism for suggesting this, but honestly, one other valuable resource is the Suicide Hotline (1-800-273-8255 United States). This is a more extreme situation, for the addict who may be suffering more than the average addict. Some people do not see a point in living, and so their drug addiction can take them to a point of death. It does **NOT HAVE TO BE** this way. Please, if you are struggling, always know that there is a way out. Exercise this resource if you need it. These people are paid to make sure you find it in yourself to keep going. I believe anyone can find this, no matter their current position. It just might take time to get there. Please, if you need it... Call. It may be the best decision you make in your *life*.

A Testimonial from a Friend who is active in Narcotics Anonymous

This is one of the most valuable tools available to those who are suffering from addiction at the moment. These programs have undoubtedly saved at least a few of my friend's lives. When I asked one of them to describe what helped him stay out of addiction, he elaborated with the experience that follows:

"With Narcotics Anonymous (NA), I was able to work through past issues, pain, and bad choices. It is a constant part of my recovery, but not all of it. The last time I used was an overdose, and not the first. It was also the first time I was grateful to be alive. Gratitude. New thing. I was determined to stay clean. I had Drug Court but graduated. So, in the beginning, I had no choice but to stay clean to avoid prison. I'm not one of those just biding their time, I want to stay that way. I went to NA the second day after getting out of my halfway house. I kept going. I met people. Did some writing, and was open the take a look at myself. I'm a learn the hard way kinda guy. I can pinpoint situations where a light went off when confronted with a serious enough position. If that makes sense. I could keep going and going. It all comes down to surrender. Let the world be the world and respond to things instead of trying to control or change things. This is everyday 24/7 surrender. Faith. In getting myself clean I've prepared myself for the obstacles so when they do come, I'm ready. It took me ages to realize and FEEL someone's pain whom I had hurt. I break down almost every time, finally understanding and experiencing their pain. It's rough but it changed my life. All material and worldly stuff comes from these changes as a bonus. I'm far from perfect and realizing that was hard to accept, but I can be an open, willing, humble, kind, honest, caring, giving and GRATEFUL individual. So, the end to all of this, it comes down to

NA... If you try it ... Like really try it.
Your life will be "beyond your wildest dreams"

-Tom

Even though Drugs can Exacerbate issues with addiction, I still believe they should ALL be Legalized and Regulated.

Despite all my struggles, and all the struggles I have witnessed in others, I still believe wholeheartedly that all drugs should be legal. If the reader turns to Part IV, they will see multiple essays that address the problem of addiction, with some possible solutions that can be exercised. One details how there needs to more resources devoted to improving the mental health of everyone in the world. Another discusses how we can rework rehabilitation centers, as I believe the current structure does not facilitate adequate

recovery. Yet another talks about how we can actually treat drug addiction successfully with other drugs, particularly psychedelics. Try to keep an open mind when reading these resources, and as always, I encourage you to do your own research to see what might work best for you or the struggling addict that you know.

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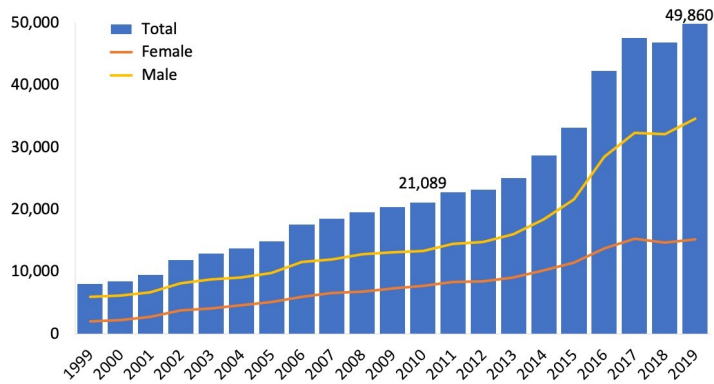
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The Opioid Epidemic

It is not the Opioid Epidemic, but rather the Fentanyl Epidemic

Figure 3. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2019



*Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

overdoses that happens over other years. As the graph moves to 2015, 2016, and 2017, this increase becomes especially apparent. This corresponds to the ever-increasing rates of Fentanyl being sold as Heroin, resulting in increasing rates of overdose with little sign of relief in the future. *Image: A graph of overdose deaths, of predominantly males, that has been increasing for at least the last twenty years [OpiEpi].*

Of all the issues discussed in first part of the book, I believe that the topic of the Opioid epidemic in the United States affects me the most. Having lost several of my friends to overdose as a result of the consumption of Opioid drugs that were sold without being accurately advertised, anytime this topic of conversation is brought up I always feel a bit of pain. According to this graph, the number of opioid overdoses has been steadily increasing for at least the last twenty years. Perhaps the most problematic part of this graph is when looking around the year 2014, there seems to be an increase in the rate of

Why is Fentanyl so Dangerous and why is it so Widespread?

The answer to this question lies in Fentanyl's strength. From my reading, it seems that Fentanyl is roughly **one hundred times more potent** than Diacetylmorphine (real Heroin). It is said that for an intolerant user of Fentanyl, a mere **two milligrams** can lead to overdose. By contrast, pure heroin would require about 200mg [FentOD]. Perhaps the bigger problem with Fentanyl is that it is quite cheap, relative to the price of other drugs. I pulled some numbers so that the reader may better understand why dealers would so heavily try to push Fentanyl over traditional Heroin. According to one source, the approximate cost of a kilogram of Heroin is \$6,000, while the approximate cost of a kilogram of Fentanyl is \$4,150. After (hopefully) appropriately adding cutting agents and fillers to each product, the estimated revenue that can be generated for a drug trafficking organization on a kilogram of Heroin is \$80,000. The estimated revenue that can be generated from a kilogram of Fentanyl is \$1,600,000 [Numbers]. For those businessmen who possess questionable ethics, this seems to be the deal of a lifetime. How could anyone argue against making **twenty times more profit** off of one unit, while also paying about **30% less**! Hopefully this will indicate why Fentanyl is such a big problem right now.



Fentanyl is also found in Street-Pressed Prescription Pain-Killers and Benzodiazepines, and even in Cocaine as well.



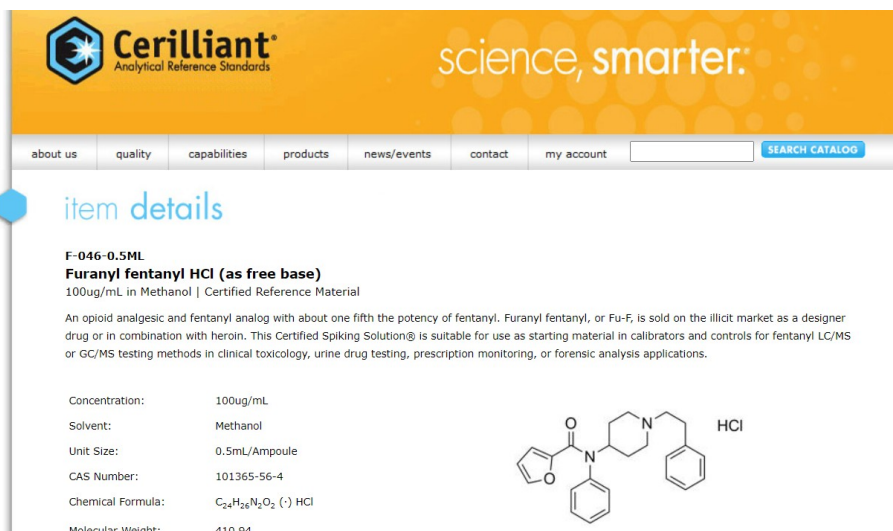
This drug is not just found in the Heroin found on the street, it is also found in Oxycodone pills, and even Alprazolam (Xanax) pills, which are not even Opioids! How does Fentanyl get into these prescription medications? There are some dealers who will invest a substantial amount of money into a pill press machine which essentially allows them to take a bit of powder, put it into the machine, and have it get pressed firmly together so that a pill can be produced. Doing this can easily allow for the mass production of countless counterfeit pills with unknown drugs or amounts of drugs in each pill. The dealers that are the best at this line of work will make counterfeit pills that are so closely resembling would could be purchased in a pharmacy, that most drug users would not be able to tell the difference. *Image: An advanced pill press*

machine [PillPress].

Where does this Fentanyl come from?

For many who hear about how drugs can be purchased on the internet, they usually think of the Darknet browser Tor, and how these drugs can be purchased on the black market. When it comes to research chemicals, particularly Fentanyl analogs like Acetyl-Fentanyl, Furanyl-Fentanyl, Alpha-Methyl-Fentanyl, or any similar

relative, it is actually relatively easy to just type these chemicals into Google and find laboratories in China or other foreign countries to order these drugs from directly. While it is unlikely that the average Fentanyl (Heroin) dealer is ordering drugs in this manner, it is certainly possible for the exceedingly intelligent dealer to do so in order to maximize profit. Of course, there are great risks the dealer must take that trickle down to his consumers. What if the laboratory the drug is ordered from sends the wrong product? The product could be more potent than what was intended, as some Fentanyl analogs are stronger than others, and the likelihood of overdose could increase. What if the dealer does not know how to properly dilute/cut pure Fentanyl analog drugs so that they do not kill their customers? There are so many things that could go wrong, but for those who want to make money and do not value the lives of those they would profit from, it is understandable why they make this choice. Image: One of the many websites where Fentanyl analogs can be purchased legally [CertLab].



Cerilliant
Analytical Reference Standards

science, smarter.

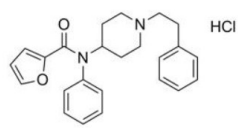
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item details

F-046-0.5ML
Furanyl fentanyl HCl (as free base)
100ug/mL in Methanol | Certified Reference Material

An opioid analgesic and fentanyl analog with about one fifth the potency of fentanyl. Furanyl fentanyl, or Fu-F, is sold on the illicit market as a designer drug or in combination with heroin. This Certified Spiking Solution® is suitable for use as starting material in calibrators and controls for fentanyl LC/MS or GC/MS testing methods in clinical toxicology, urine drug testing, prescription monitoring, or forensic analysis applications.

Concentration:	100ug/mL
Solvent:	Methanol
Unit Size:	0.5mL/Ampoule
CAS Number:	101365-56-4
Chemical Formula:	C ₂₄ H ₂₆ N ₂ O ₂ (·) HCl
Molecular Weight:	410.94



So, what can be done?

If the reader has read other essays so far, they are likely aware of what my proposed idea will be to solve this problem – Legalization!!! Since there are those who exist that will always be in pursuit of greed, if drugs remain illegal, then high-risk substances such as Fentanyl or its analogs, will *ALWAYS* be circulating in the drug supply. If drugs were legalized and regulated, Opioid addicts would not have to worry if their next purchase would be deadly, because they would go to their local pharmacy and would purchase the exact drug that they were seeking, whether it is Oxycodone, Diacetylmorphine, or something else, and the prevalence of Fentanyl for those looking for a recreational high would nearly cease to exist.

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<https://www.lfatabletpresses.com/desktop-tablet-press-tdp-1-5>

Illegal Drugs Create Black Markets that Generate Violence and Decrease Quality Control

What is a “Black Market”?

Since it has been established in earlier essays that demand for drugs has generally only been increasing, questions can then be raised about the supply. How do drugs get to the consumer? If the drugs are illegal, the drugs likely come to the consumer illegally, by means of the black market. Perhaps the simplest and most direct definition that can be understood about what a black market is can be found on Merriam-Webster:

Illicit trade in goods or commodities in violation of official regulation [MeriWeb].

Black markets do not need to apply just to substances or products that are illegal. Sometimes, the cost of goods is too steep to be purchased by traditional means, and so people turn to black market purchases. People may also opt to sell their products on the black market so they can avoid taxes or extraneous costs that are imposed by governments or other organizations. It is most commonly understood that drugs, whether legal or illegal, and weapons are the most notorious for their reputation in black market trade, however, food, appliances, cars, and services can also be purchased in a black market.

Why are Black Markets Problematic?

Black markets may help people on the surface to save money or make extra profit without being observed and tracked by a government organization, but it is because of this lack of government regulation that problems can surface.

For almost any product, the biggest problem is quality control. Defined:

Quality control (QC) is a process through which a business seeks to ensure that product quality is maintained or improved. Quality control requires the business to create an environment in which both management and employees strive for perfection. This is done by training personnel, creating benchmarks for product quality and testing products to check for statistically significant variations [Invest].

Since there is no official or third-party monitoring of products or substances in a black market, this means that the quality of the product can decrease. There is an obvious conflict of interest if the black-market distributor is the one quality controlling their own product. When it comes to drugs, if the black-market distributors are selling drugs on the black market, then it seems clear that there is a conflict of interest. Obviously, it is in the best interest of those who import the drugs to say that they are as pure as possible, even if this cannot be further from the truth.



Aside from issues of importation of impure product, in a black market, there are substances that become available that would not otherwise exist if not for the fact that drugs were illegal in the first place. Perhaps the best example of this is in the case of Heroin contaminated with Fentanyl. Years ago, when someone went to purchase Heroin from a street dealer, the drug they were intending to

purchase and likely purchasing was Diacetylmorphine (the chemical name for Heroin). In recent years, due to the expensive nature of pure Heroin, drug distributors have turned to cheaper alternatives like Fentanyl. Fentanyl, which is 50-100 times more potent than Heroin milligram per milligram, is more dangerous. If the distributor of the drug does not know how to adequately cut Fentanyl to weaken the product with an inactive cut, such as baking soda, sucrose, Caffeine, or another substance, a drug user may ingest a bag of high-dose Fentanyl, which may lead to overdose and subsequent death. *Image: According to DEA sources, 2mg is the amount needed to cause overdose in an intolerant individual [DEA].*

A Personal Experience with Contaminated “Molly” (MDMA) when the Drug was Rising in Popularity

I can speak of this lack of quality control from personal experience. Around the year 2010, when I had first discovered Molly, the slang term for the drug MDMA, I believed that every time I purchased what was called “Molly”, I was getting MDMA. It turns out that this was quite untrue. By the suggestion of one of my drug dealers at the time who had actually given me pure MDMA on a previous occasion, I was told to purchase a reagent kit on the internet in order to verify the purity of my drug. Curious, and not believing that what I was consuming was not really MDMA, I purchased a few kits and proceeded to test the drug that I possessed. When the kit was used, the chemical reaction that occurs was supposed to make it turn black, but instead, it turned a yellow-orange color! After some research online, I was able to deduce that the product I had was Methylone, a chemically similar, but seemingly more toxic drug.

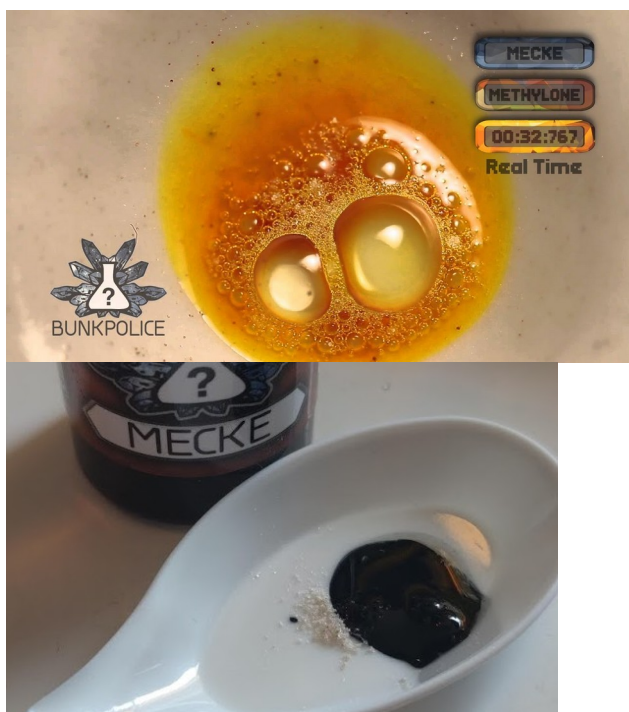


Image: Left is a Methylone reaction in a mecke reagent kit [Methyl]. The right is a test done by myself on pure MDMA. The difference in color reaction is quite obvious.

Why did this happen? Aside from trying to increase profit because Methylone was cheaper than MDMA, I believe the biggest motivating factors for why drug dealers substituted one drug for another was because of the legal status. At the time, Methylone was legally available on the internet for importation

from Chinese or Dutch laboratories. If someone wanted to purchase an ounce of MDMA, not only was the drug illegal, but the price was usually around 1000\$. If someone wanted an ounce of Methylone, the price was often \$150-\$300. To make it even more appealing to buy Methylone, the dose was relatively equivalent to what MDMA was. From a drug distribution standpoint, if I were purely motivated by profit, it is understandable why dealers turned to the cheap and effective Methylone.

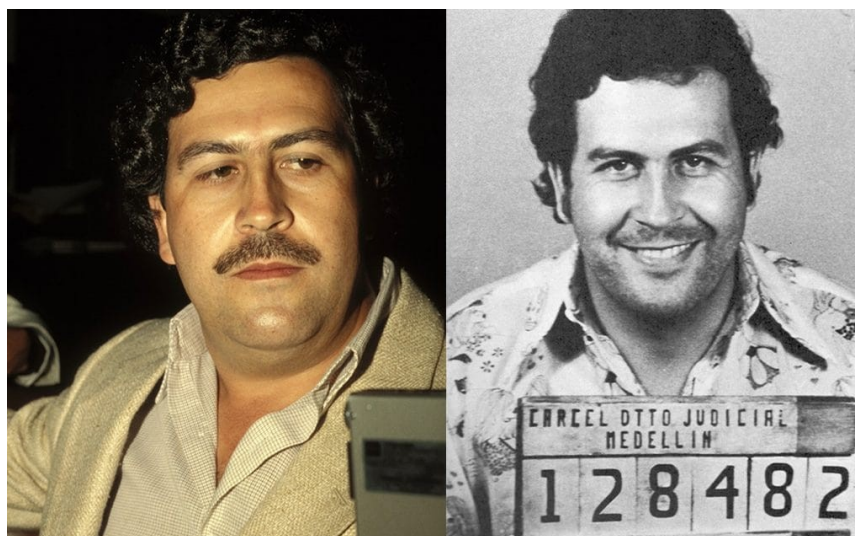
Aside from the Molly that was going around 10 years ago, there have been many instances of contaminated Ecstasy pills as well. This is why websites like www.pillreports.net exist to try to tell users what Ecstasy pills in their area may contain. Frequently, Ecstasy pills do not contain pure MDMA, or any MDMA at all for that matter. They can contain any number of drugs, such as Methamphetamine, Pentylone, Butylone, Eutylone, 3-MMC, or any other type of euphoric stimulant. Sometimes Ecstasy pills do not contain stimulants at all, and instead contain Opioids, Ketamine, or some other dissociative analog.

It is not just Heroin and MDMA that are adulterated. Cocaine is becoming increasingly cut with other euphoric stimulants, and even Fentanyl in extreme circumstances. Methamphetamine is being altered with different [Research Chemicals](#). Pretty much any drug that currently exists that is available on the street is susceptible to impurities. Keeping drugs illegal will just cause more and more unsafe drugs to flood the black market. If drugs were regulated, there would be little concern for impure or altered product, and proper harm reduction practices could be put in place to ensure that people use drugs safely.

Black Market Demand Generates Violence

As was mentioned in the earlier essay, “Prohibition Has Not, Does Not, and Will Not Work”, gangs and organized crime did not seriously emerge in the United States until the Prohibition era when Alcohol was made illegal in the 1920’s. There were many who suffered greatly because of these organized crime organizations. One of the reasons that Alcohol was made legal again was because of this rise in crime and violence. I believe there is a strong parallel between organized crime we see today around illegal drugs, and the organized crime that began during the Prohibition era.

Perhaps the best example of this is drug cartel violence in Mexico. What exactly is a drug cartel? According to Encyclopedia Britannica, “[A drug cartel is] an illicit consortium of independent organizations formed to limit the competition and control the production and distribution of illegal drugs. They are extremely well-organized, well-financed, efficient, and ruthless. Since the 1980’s they have dominated the narcotics trade” [Cartel]. Ironically, it seems that declaring War on Drugs in the 1970’s indirectly led to the



creation of these cartels a short time later. Some of these cartels, such as the Medellin cartel in the 1980's, were able to generate obscene amounts of profit. Pablo Escobar, sometimes referred to as the richest criminal in history, was the leader of this organization. In 1989, he was estimated to be worth \$25 billion dollars. If we adjusted for inflation, the profits of Pablo Escobar would have made him the fifth richest man in the world by today's standards [Pablo]. *Image: Pablo Escobar* [PabloPic].

As time has progressed, it seems that cartel violence has only become more rampant and problematic. Since 2006, it is estimated that **150,000 people have been murdered** in Mexico as a direct result of drugs. Also, Mexican cartels were named responsible for killing at least 130 candidates and politicians in the lead-up to Mexico's 2018 presidential elections [Mex]. If there are individuals in Mexico who wish to rise in political status to abolish the drug cartels, it will likely be impossible, since the threat of violence may be too much to overcome. If cocaine were permitted to be grown and harvested legally, much of the power in violence that these Mexican drug cartels have would be greatly diminished. These cartels undoubtedly want the drug to remain illegal so they can retain power.

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Mex

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PabloPic

<https://www.telegraph.co.uk/news/0/life-escobar-one-man-has-risked-tell-horrifying-stories-drug/>

A
A
A
A

In this chapter, I ask that you take each topic with a grain of salt. There is evidence to both support and refute each of the claims made below. I only raise points about this because I believe there is some truth to these claims.

Afghanistan is the biggest supplier of opium to the world. This was consistent, even during the United States occupation of the territory.

CIA smuggling cocaine in from Mexico/South America in the 1980's.

MK-ULTRA – Drugging Americans unknowingly with LSD

Experimenting on individuals with drugs for research purposes

What is Psychiatry?

Defined in the most basic terms, according to Oxford Dictionary, psychiatry is the study and treatment of mental illnesses, emotional disturbance, and abnormal behavior. From my understanding, psychiatrists are usually the ones who diagnosis mental disorders and also have the power of writing prescriptions that they believe will help adequately treat patients.

When looking at what conditions need to be met for a mental disorder to be successfully diagnoses, psychiatrists will look to the “bible” of psychiatry: the Diagnostic and Statistical Manual (DSM). Over the years, there have been several editions that were released, each with an increasing amount of disorders
The first

How many Diagnoses

Although it was not officially recognized as a medical specialty in the United States until 1844,

Number of people with psychiatric diagnoses is increasing Why?

Nearly one in five, or about **51,500,000 people** live with a mental illness in the United States.

What is the Diagnostic and Statistical Manual?

Number of disorders. How many changes in each manual.

https://en.wikipedia.org/wiki/Diagnostic_and_Statistical_Manual_of_Mental_Disorders#DSM-IV_.281994.29

Talk about naming features, evolution of pages

Anxiety Disorders

GAD, SAD

Depression Disorders

Major, Bipolar

Attention Deficit Disorders

Amphetamines

Psychotic Disorders

Such as Schizophrenia

Analgesic Prescription

Lack of proof of “addiction” early on

The most bizarre diagnoses that exist

Shift work disorder

How many currently available psychoactive drugs are pharmacy?

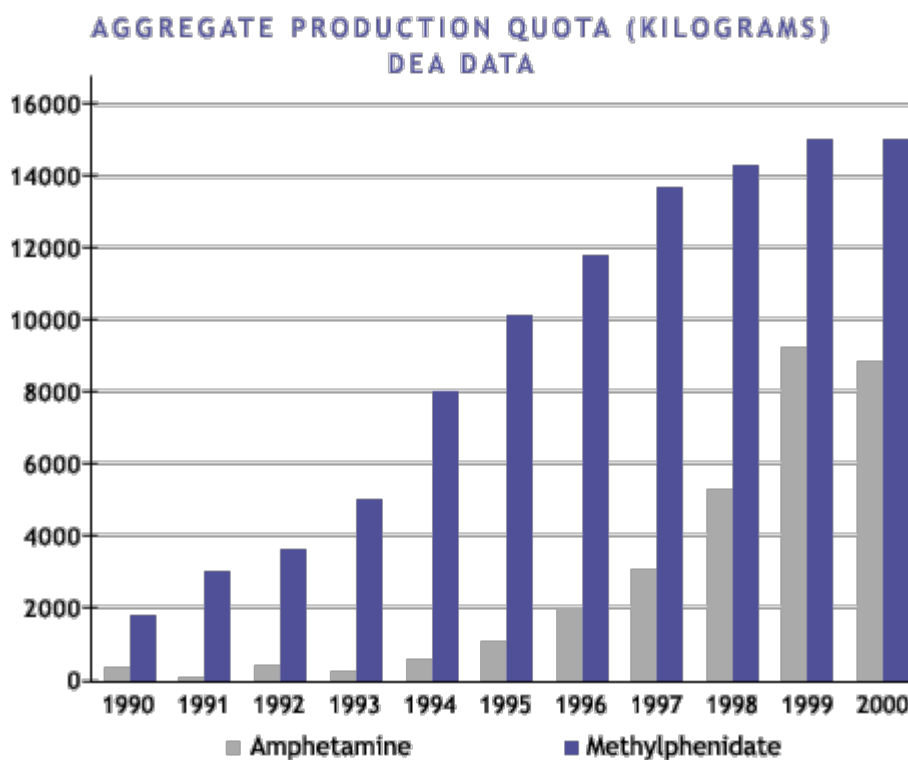
There seems to be a trend for increasing levels of psychiatric medicine being released.

What is the process for Acquiring Psychiatric Drugs?

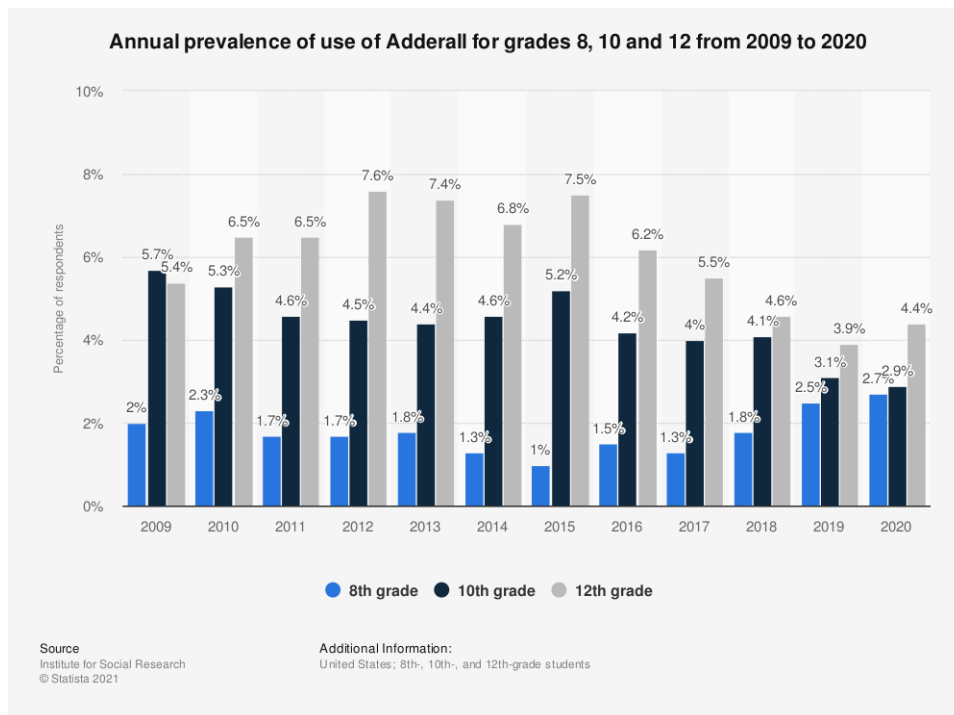
A Sophisticated way of Drug Dealing through "Pill Mills".

Rates of prescription for Benzodiazepines

Rates of prescription for Adderall

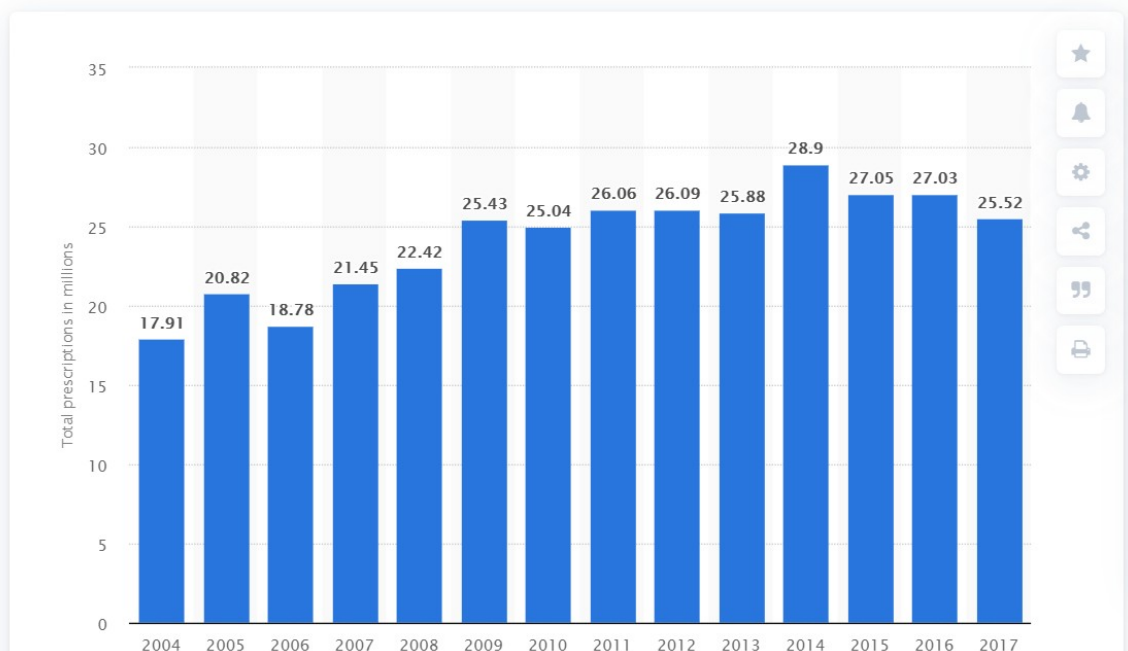


<https://www.pbs.org/wgbh/pages/frontline/shows/medicating/drugs/stats.html>



Same as source above

Number of alprazolam prescriptions in the U.S. from 2004 to 2017 (in millions)



<https://www.statista.com/statistics/781816/alprazolam-sodium-prescriptions-number-in-the-us/>

I believe that while some of these diagnoses are understandable and the treatments logical, that most of the pharmaceutical industry is focused on controlling people and taking profits.

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Ment

[https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#:~:text=Nearly%20one%20in%20five%20U.S.,\(51.5%20million%20in%202019\).](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#:~:text=Nearly%20one%20in%20five%20U.S.,(51.5%20million%20in%202019).)

Most Drug Policy stems from Racial Discrimination

The more Research that I do, the more I Realize that Most Drug Policy has Racist Roots

Let me start off by saying, I am a white male, which allowed me to experience a wide array of privilege that I was not even aware of until the last few years. Friends who were of different racial and ethnic backgrounds were able to explain to me how they feel about being in a minority group for a majority of their lives. It was eye-opening to say the least. There were so many aspects of life I did not think about because I have been, and always will be, a white person. I am so grateful to have had these discussions with these friends, because it is mostly because of these talks that I was able to see how issues of race are often caught up in drug policy. The list that follows will only touch on the surface of the topic, but they are what I believe to be some of the most important issues.

The Leadership in America has been Racist at certain points of History

A day after the United Nations voted to recognize the People's Republic of China in 1971, the then-current governor of California, and future president, Ronald Reagan was recorded having a phone conversation with then-president, Richard Nixon.

"Last night, I tell you, to watch that thing on television as I did," Reagan begins

"Yeah," says Nixon.

"To see those, those monkeys from African countries – damn them, they're still uncomfortable wearing shoes!"

I believe that any leader in any body of government who equates any ethnic group of people to monkeys simply should not be there, but this man ended up becoming the president of the United States! Imagine that.

Get Nixon's tape

Trump compares Mexicans to Rapists

Biden's crime bill 1994 heavy policing of disproportionate black communities.

<https://emorywheel.com/stop-making-excuses-for-racist-presidents/>

Chinese come over and turn Middle aged women into opium addicts

Racist presidents Nixon and Reagan

Black men sniffing white powder raping white women, generates a fear in people, creating a division

On 8 February, 1914, the New York Times published a full-page article entitled

"Negro Cocaine 'Fiends' Are a New Menace." Under a picture of the stern and

respectable-looking white author, Edward Huntington Williams, M.D., the

article's subtitle proclaimed: "Murder and Insanity Increasing Among Lower

Class Blacks Because They Have Taken to 'Sniffing.'"

<https://core.ac.uk/download/pdf/230155849.pdf>

First marijuana prohibition laws, all about fears of mexican migrants in the west.

"America quotes a 1917 Treasury Department report that noted that its chief concern was the fact that "Mexicans and sometimes Negroes and lower class whites" smoked marijuana for pleasure, and that they could harm or assault upper-class white women while under its influence. And in 1911, a member of California's State Board of Pharmacy wrote of the fear that a recent wave of immigration from India had brought with it a rising demand for pot, and that this "very undesirable lot" was "initiating our whites into this habit."

<https://time.com/5572691/420-marijuana-mexican-immigration/>

Crack, which is actually less pure because of added baking soda, harsher penalties, black people. 100-to-1

More Evidence of Racial Bias when it comes to Drug Laws

Black people are incarcerated at five times the rate of white people in the United States. Half of those who are sentenced are sentenced for drug crimes. In the United Kingdom, black people are eight times more likely to be stopped and searched than white people.

Sources

NixPres

<https://www.newsday.com/news/nation/tapes-reveal-nixon-s-racist-remarks-1.2535505>

“Make one Drug illegal, and several more dangerous ones will take its place”

-Dr. David Nichols’ student

THE RESEARCH CHEMICAL INDUSTRY

If you are unfamiliar with the term “Research Chemical”, I wrote an article on the topic that you might find [Here](#). In the current society we live in, it makes sense that when a law-making or government agency is confronted with a drug causing perceived harm on a population, that they would try to make it illegal. This was the situation with MDMA when it was sold as Ecstasy in the 1980’s. Since MDMA was made illegal at this time, did the drug simply disappear?

There was a time when chemically derived (synthetic) drugs spawned out of a medical need: Phencyclidine as an anesthetic, Morphine as an analgesic, and Amphetamine as a stimulant are just a few examples. Due to the fact that these substances produce euphoria to some degree, there is an increased likelihood of abuse, which is one of the contributing factors to why these drugs were made illegal in the first place. Despite the illegal status of the drug,

THE PRISON SYSTEM

As was mentioned above, those convicted of drug crimes are subjected to the harsh penalties of the legal system. This system is usually unfairly skewed against those in minority groups. The system also works against those who have little money, oftentimes resulting in longer and more severe penalties for these individuals, compared to what a person may face who would be classified as middle or upper-class in terms of socioeconomic standing.

Profits to be made off of incarceration of others

NEGATIVE HEALTH EFFECTS

Perhaps this should be the top and most obvious issue, but the fact is that a majority of drugs that people consume are generally harmful to the physical health of the user. There are variations in degrees of harm depending on the drug, ranging from imperceptible to death.

ADDICTION

This topic will likely be one of the biggest push-backs I have for my opinion on legalization. “But, if all drugs were legal, everyone would become a Cocaine, Methamphetamine, or Heroin addict!”

% of people who actually become heroin addicts

DRUG USERS BEING UNABLE TO HAVE ACCESS TO PURE DRUGS

Having lost at least five friends from opioids overdoses, which were most certainly from Fentanyl (or its analogs) every time, I am filled with a fiery anger. If they had just had access to the actual drug that they were seeking, Heroin, they likely would not have died, because the amount of pure heroin it would take to kill a human is roughly 100x higher than that of

https://www.huffpost.com/entry/dsm-5-unveiled-changes-disorders- n_3290212

But the science did not arrive in time. "The DSM can only reflect the research we have," said Lieberman." With rare exceptions such as narcolepsy, which can be diagnosed by testing cerebrospinal fluid, there are no objective biological measures for mental illness.

This lack of scientific rigor led the nation's leading mental health official to attack the DSM-5 for a "lack of validity," as Dr Thomas Insel, director of the National Institute of Mental Health, said in a blog post late last month.

The manual bases diagnoses on symptoms, he noted, but "symptoms alone rarely indicate the best choice of treatment." Allergies and flu share some symptoms, for instance, but no doctor would try to treat flu with an antihistamine.

One of the more controversial changes was to eliminate the previous DSM's "bereavement exclusion" for depression. Now, if a father grieves for a murdered child for more than a couple of weeks, he is mentally ill. A footnote in the DSM-5 explains that "the inability to anticipate happiness or pleasure" in such a situation is a diagnostic criterion for the mental disorder of depression.

"DSM–5 is a manual for assessment and diagnosis of mental disorders and does not include information or guidelines for treatment of any disorder. " Psychiatry.org

WHO - International Classification of Disease

Now that we have identified how overprescribed these drugs are, why not we look into why this might be in the form of corruption.

WHAT IS CORRUPTION?

Defined, Corruption is “Dishonest or fraudulent conduct by those in power, typically involving bribery”

-Source: Oxford Languages via Google

I believe the following statements best indicate the basis of the corruption in the pharmaceutical industry.

“The pharmaceutical industry has corrupted the practice of medicine through its influence over what drugs are developed, how they are tested, and how medical knowledge is created... The authorization of user fees in 1992 has turned drug companies into the FDA's prime clients, deepening the regulatory and cultural capture of the agency. Industry has demanded shorter average review times and, with less time to thoroughly review evidence, increased hospitalizations and deaths have resulted. Meeting the needs of the drug companies has taken priority over meeting the needs of patients. Unless this corruption of regulatory intent is reversed, the situation will continue to deteriorate” [Light].

HOW DOES THE PHARMACEUTICAL INDUSTRY GET ITS DRUGS TO THE PUBLIC?

Since this is a book mostly about getting psychoactive drugs legalized, there will be more focus on these types of drugs, rather than the more physiological-type drugs (cholesterol medication, blood pressure, etc.). There is a multitude of evidence supporting the idea that the pharmaceutical industry falsifies reports on these as well. Please check online if the desire to learn persists.

Corruption in the pharma industry filtered through the medical industry. --> DSM --> More drugs available than ever before. But these drugs are Medication Masking Msymptoms

If people were just healthier to begin with, both in body and mind, there wouldn't even be a need for so many drugs to even exist. But then what would happen to the sugar industry? What would happen to the pharma industry? They would lose money. And people who are greedy do not want to lose money – they want MORE for themselves and LESS for everyone else.

Notes on article

Bottom 591 - But in fact, these companies are mostly developing drugs that are mostly little better than existing products but have the potential to cause widespread adverse reactions even when appropriately prescribed.

Top R 591 - New research finds that truly innovative new drugs sell themselves in the absence of such gift-economy marketing.

Mid R - The FDA was founded to protect the public's health from the fraudulent cures peddled in the 19th century.

Mid L 592 - most R&D dollars are devoted to developing molecularly different but therapeutically similar drugs, which tends to involve less risk and cost for manufacturers. These drugs are then sold through competition based on brand name, patent status, and newness, rather than on their therapeutic merits

Bot L 592 - new drug product or new indication approved in France. From 1981 to 2001, it found that about 12 percent offered therapeutic advantages.^ But in the following decade, 2002- 2011, as shown in Figure 1, only 8 percent offered some advantages and nearly twice that many — 15.6 percent - were judged to be more harmful than beneficial. A mere 1.6 percent offered substantial advantages

Canadian advisory panel to the Patented Medicine Prices Review Board and by a Dutch

NO REVIEW done in the United States between 2002 and 2011

-“Innovation crisis” not because of fewer new molecules entering trials, but from fewer new models being superior

-The Number of products put into trials has increased as the amount of superior products has decreased

-Despite fewer superior drugs, sales have soared due to successful marketing tactics to physicians

FDA ALLOWS APPROVAL OF DRUGS WITH FEW IF ANY THERAPEUTIC ADVANTAGES

New drugs often tested against placebo rather than against established effective treatments

This is a “Noninferiority trial” versus a “Superiority trial” Just proving that the drug is “not bad” does not mean that the drug is good.

Another big issue is that companies design their own drug trials that allow for minimized detection and report of harm, maximize evidence of benefit. This is essentially a textbook example of a conflict of interest.

These drug testing experiments test for efficacy, and do not normally detect adverse effects or reactions.

Patients that are more likely to have adverse reactions are often excluded from studies, leading to increased biases

Some companies treat trials and journal publications as marketing vehicles, constructing “the trial-journal pipeline”.

Trials are designed to produce results that support a marketing profile, and then a team of “publication planning”

editors, statisticians, and writers produce articles in support of their sponsor's drug.

Companies are also unlikely to publish negative results, and researchers have been threatened to keep secrecy on such matters.

Positive results are sometimes posted multiple times in different forms to truly accentuate the effectiveness of a particular substance.

WHAT IS THE PDUFA?

The Prescription Drug User Fee Act allowed the FDA to get “user fees” from drug companies in order to hire more reviewers so that drug trials could be hastened. As a result of these user fees, instead of needing multiple years for drug trials, priority applications could be completed in six months and standard applications less than twelve months. Having such a rapid timeframe from research to market increases the likelihood of serious harm. Analysis found that for each 10-month reduction in review time, there was an 18.1% increase in serious adverse reactions, a 10.9% increase in hospitalizations, and a 7.2% increase in deaths.

THE DANGERS OF OFF-LABEL PRESCRIPTION

There is an increased disruption of balance between the harm and benefit of certain drugs. It can of course be helpful to find new uses for already-existing medication, however, many of these new uses are poorly researched
GET EXAMPLE?

“The FDA's obligation to serve the public is being corroded by pressures to serve the companies it regulates.”

MAJOR EXAMPLES OF FAILURE

No extended studies done on pregnant woman treated with Thalidomide.

A MAJORITY OF PHARMACEUTICAL DRUGS EXIST JUST KEEP PEOPLE UNDER CONTROL

THE AMOUNT OF PRESCRIPTIONS FOR PSYCHOACTIVE DRUGS HAS INCREASED

WHY PUT SUCROSE IN ADDERALL TO MAKE IT TASTE BETTER?

HOW CAN WE FIX THE PHARMACEUTICAL INDUSTRY?

Most of the inspiration for what follows comes from [Light]. The companies that make the drugs should not be the ones that test the drugs. Some may argue that there are “independent studies,” and of course there are, but even some of these studies are funded by the companies themselves, creating a further conflict of interest. Adverse effects must be reported. Also, an unbiased National Drug Safety Board must be created so that trust can be restored in the pharmaceutical industry.

We trust a massive TRILLION dollar per year industry to supply us with drugs.

The Diagnostic Statistical Manual (DSM) for mental disorders has grown tremendously as the years went on
Graph the number of disorders documented

There are instances where pharmacy officials have falsified reports
Adderall?

Side effects to some medications are severe, sometimes lethal

There are more people addicted to pharmaceutical drugs than legal drugs. Let's think about that?

And this is an allegedly regulated organization. I believe that any organization generating over a TRILLION (\$1,000,000,000,000) dollars each year is extremely vulnerable to corruption. There is clearly an aspect of greed in this industry.

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Why might rates of Drug Use be going up? The Media-heavy culture we live in is Pushing us Towards Drugs!

When I think about the dichotomy, I am often left in a state of confusion and disorientation. On one hand, when I turn the news on and listen to information about drugs, I hear about the “horrors” of the use of illegal compounds. On the other hand, when I turn on the radio (Spotify, YouTube, or whatever you listen to music on), I am confronted with a multitude of songs that seemingly glamorize drug use! To make things even worse, these are usually the most popular songs! And when you think about it, which of these do people turn to for pleasure? Unless a person takes pleasure in hearing about the negativity in the world, most people turn to music for enjoyment! Pleasure does not stop at music – it is everywhere. People watch television. They watch movies. They scroll through social media. And where does it seem drug use is the most prevalent? On all these forms of media.

Examples of Illegal Drug Reference in popular Music

As I believe music is the most impactful, let’s start there. I am aware that some songs and music lyrics can have a much deeper meaning than is initially presented and that my interpretation is arguably “surface level” in the following examples, but as many people listen to music only on the surface, I am putting my emphasis on this.

Kanye West – Yikes (Lyric video has 10,000,000 views on YouTube)

"Tweakin', tweakin' off that 2CB, huh?"

"I done died and lived again on DMT, huh"

I must confess, when I first heard this song, I was shocked that Kanye West was referencing uncommon psychedelic drug use! 2C-B, originally developed by Alexander (Sasha) Shulgin, is known by some as an empathogenic psychedelic. People often report enhanced physical touch. It has shown promise in therapy as well. And DMT, a drug known as “the spirit molecule” can be so potent when ingested, that many users seem unconscious. Effects are powerful and usually unpredictable. I actually like the mention of drugs in this song when compared to most of the rest!

This song is much less popular than almost any other song in the list. *Image: This is Kanye West [Kanye].*



Lady Gaga – Perfect Illusion (About 150,000,000 views on YouTube)

"I don't need eyes to see. I felt you touching me. High like Amphetamine"



Here, Lady Gaga is comparing the feeling of the touch of another that she cares for to the euphoric high of Amphetamine drugs. Amphetamines can be addictive, and most popular found in prescription Adderall in the United States. In Europe, street-grade Amphetamine is commonly consumed as a party drug. Perhaps the rush of the sensation is indeed comparable to an Amphetamine high, but it is possible that the mention of this drug

in such a popular song could have an impact on the listeners? *Image: Lady Gaga in her Alejandro music video [Gaga].*

Mariah Carey – Obsessed (About 160,000,000 views on YouTube)

“It must be the Weed. It must be the E. Cuz you’ve been poppin’ hood, you get it poppin’ ”

In this song, Mariah Carey is talking about how Cannabis and Ecstasy is causing confusion in the mind. She is alluding to the fact that the reason why she is being obsessed over can be related to the effects of drugs. Indeed, Ecstasy (MDMA) can cause a powerful heightening of emotions that may arguably lead some to having an unhealthy obsession with another.

Image: Taken from her music video with the opening line [Mariah].



Camila Cabello – Never Be The Same (About 230,000,000 views on YouTube)

“Just like Nicotine, Heroin, Morphine. Suddenly, I’m a fiend and you’re all I need”

“Just one hit of you, and I knew I’ll never be the same”



Never Be the Same tour [Camila].

Camila is making a reference to how much she wants her lover by comparing him to some of the most addictive drugs that exist: Nicotine, Heroin, and Morphine. She even goes on to call herself a “fiend,” which is a derogatory word that is commonly used to describe drug addicts. In a later verse, she references her lover as a drug that she might take “just one hit” of. I understand that she is trying to convey strong emotion, but is it necessary for her to mention “Heroin” and “Morphine” by name? *Image: A promotional poster for Camila’s*

The Weeknd – Often (About 400,000,000 views on YouTube)

“My God white, he in my pocked. He get me redder than the devil ‘til I go nauseas”

The Weeknd is referencing “white” as his God. In this case, he is talking about Cocaine. While it is known that the Weeknd has a history of drug abuse, and he may be trying to shed light on it, in a way, he is bringing attention to this powerful stimulant drug. Some people may misinterpret his lyrics, and think that just because the Weeknd used Cocaine, it may be more accessible for them as well. *Image: A still image taken from his music video [Weeknd].*



Travis Scott – SICKO MODE ft. Drake (About 800,000,000 views on YouTube)

“I did half a Xan, thirteen hours ‘til I land, had me out like a light”

In this song, Drake is talking about taking half a Xanax with the intention to produce



unconsciousness for a plane ride. I cannot fault him too much for this, because I have used Xanax (Alprazolam) to induce sleep on plane rides, but I believe it can also encourage problematic drug use. People may see this as a sign that they can take this drug whenever they want to sleep. From what I have seen from Benzodiazepine-type drugs, this can lead to addiction and future withdrawal. Benzodiazepine withdrawal is one of the few drug withdrawals that can be lethal. *Image: This is a picture of Travis Scott and Drake giving the middle finger [Travis].*

Nicki Minaj – Super Bass (About 900,000,000 views on YouTube)

"He pop bottles and he got the right kind of build, He cold, he dope, he might sell Coke"

In this instance, Nicki Minaj is describing a man that she is looking for. She describes how this man will be attractive and drinking Alcohol. He might even be selling Cocaine! This makes the drug seem like it has an empowering quality to it. *Image: This is a still shot from her music video [Minaj].*



Miley Cyrus – We Can't Stop (About 900,000,000 views on YouTube)

"We like to party, dancing with Molly, doing whatever we want"

"Everyone in line at the bathroom, trying to get a line in the bathroom"



When looking up the lyrics to this song, the first lyric is often depicted as "dancing with Miley", but when Miley Cyrus was interviewed about what she meant by this lyric, she said "You know what I am talking about," which is likely in reference to drug use of MDMA, which I support in useful environments. The problem with people who go looking for "Molly," is that this drug is often not actually MDMA and is cut with other more dangerous drugs, such as [Research Chemicals](#), that could result in overdose or ill-health effects because users are uninformed. As for the follow up lyric, what other kinds of lines are there in the bathroom besides ones you snort? This could be

alluding to insufflating any drug that can be easily insufflated, such as Cocaine or Ketamine. *Image: This is a still shot from Miley Cyrus's music video [Miley].*

Coldplay – Hymn for the Weekend Ft. Beyoncé (About 1,400,000,000 views on YouTube)

"Life is a drink, and love's a drug"

"Got me feeling drunk and high, so high, so high"

In this song, the singers are referencing how angels are inspiring feelings of what is like to be drunk or high. Some of the lyrics could be interpreted positively as "angels sent from up above, you know you make my world light up." An angel generally has a very positive meaning in most contexts, but then this angel



is compared to feelings of intoxication. I question if there was some other state of being that could have been used that did not compare the experience to Alcohol or drugs. Image: This is Beyoncé who does background vocals [Bey].

The Weeknd – The Hills (About 1,600,000,000 views on YouTube)

"I only love it when you touch me, not feel me. When I'm fucked up, that's the real me"

Again, while The Weeknd is likely referencing his problematic drug use in the past, there is an allusion to the fact that he is his true self while under the influence of drugs. This may send the wrong message to some who listen, as I believe that a person is arguably furthest from their true self when they are under the influence of drugs. Image: This is taken from a lyric video off YouTube [Weeknd2].



Future – Life is Good ft. Drake (About 1,700,000,000 views on YouTube)

"I got Promethazine in my blood, and Percocet"



Future is describing combining Promethazine, an anti-histamine, with Percocet, an Opioid. Not only is this combination dangerous, but we know based on countless studies that using Percocet (Oxycodone) can lead to prescription Opioid addiction, which can in turn lead to Heroin addiction in vulnerable individuals. And if you read earlier essays in this book so far, you know that Heroin is frequently contaminated with Fentanyl – a drug with roughly 50-100 times the potency of Heroin, easily resulting in overdose

death. Image: This is Drake and Future cooking together in the "Life is Good" kitchen [Drake2].

Mark Ronson – Uptown Funk ft. Bruno Mars (Over 4,100,000,000 views on YouTube)

"This hit, that ice cold. Michelle Pfeiffer, that white gold"

In order to better understand this lyric, one would have to know that Michelle Pfeiffer played a Cocaine addict in Scarface, a highly rated and very popular movie from the early 1980's. White gold is reference to Cocaine. Although I heard this song many times before, it was not until I looked up the most watched videos on YouTube, that I was able to determine that the first few lines of words in the song are about drugs! This song is ranked 7th on the list of most watched YouTube videos. Cocaine sounds glamorous, and judging by how much fun everyone is having in the music video, a little Cocaine might just sound like



a good time! Interestingly, Bruno Mars had been arrested for Cocaine possession in Las Vegas around the time this song hit the mainstream. *Image: Bruno Mars and Mark Ronson playing dominoes near a pack of Cigarettes [Bruno].*

The selection of songs chosen depicts most often what people would consider “hard” drugs. If I

Examples of Illegal Drug Reference on Television

Television, which I would argue is one of the most powerful drugs in today’s society, is enjoyed by billions. Similar to a mild sedative or tranquilizer, it can keep a person glued to their chair or couch for hours at a time. However, like a mild stimulant, what is viewed on television can stimulate the mind. Television can be addictive, with some people even proudly sharing that they have “binge watched” entire seasons of shows that they enjoy. As television can reflect what is happening in the reality we live in, drug use is sometimes portrayed.

Cops

According to one source, there is no show that mentions drugs more than Cops, with 1155 mentions. It is the leading show for mentions of Crack, Heroin, and Methamphetamine. Having seen this show several times, the theme is usually the same. Police officers are seen arresting people who were either driving or sitting at home. Most often, arrests are made for the possession and distribution of illegal drugs. Perhaps the show is trying to depict these activities in such a way that would discourage the viewer from participating in this type of behavior, but this is not the case.

Interestingly, while I was in jail, one show that almost everyone enjoyed watching was Cops. I did not understand why – Why would anyone sitting in jail want to watch people get arrested and go to jail? I suppose it gave us viewers some comfort for the situation we were in. *Image: This is the logo for Cops, most watched on television station NBC [CopsLogo].*



What I liked least about the show is that there seems to be a shaming of drug addicts. The impression that is given when the show is watched is that people who use drugs are often unintelligent and simply do not care about their lives. Those who are arrested are viewed in a way that makes them seem “less than” other members of the human race. Cops are dehumanizing these people by putting them in handcuffs and displaying it on television, regardless of the crime that was committed.

Breaking Bad



This is one of the highest rated shows in recent television history. The show centers on Methamphetamine: how it is made, where it is distributed, and who it is usually distributed to. While we cannot take everything that is said literally, it has certainly displayed with

Methamphetamine use could be like for those who are addicts. I do believe that this show does display those who use the drug in a negative light, which has further stigmatized the drug and those who use it. *Image: The logo for Breaking Bad [Breaking].*

At the Oscars

On March 2, 2014, famous actor Jim Carrey was speaking at the Oscars, one of the most watched events on National Television. The year 2014 was especially profound, because out of the last twenty years (from 2001-2020), the Oscars had the greatest number of viewers at 43,700,000 [Oscar1]. When it came time for Jim Carrey to speak, he said,

"For decades, Hollywood has relied upon a special kind of magic to conjure movie heroes of all shapes and sizes. From genies, ogres, and talking toys to flying elephants and dancing penguins... Of course, this magic I'm referring to is LSD!" (He pauses from reading off the teleprompter)

"I might be reading that wrong! ... is animation! Wow! That was way off!" [CarreyTube].

Jim Carrey, who is probably best known for his roles in comedy films, was able to get quite a laugh out of the audience with this joke, but why was it that this joke about a powerful psychedelic drug was permitted? While I enjoy the effects of LSD, and it can indeed have a "magic" side to it that can inspire creativity, the drug is still *illegal* and Schedule I in the United States (the most severe level of Scheduling). To the ears of the viewers, they hear about the pleasures of the drug, and how it can bring positive energy and possible mind expansion, but they do not hear about the severe penalties if caught possessing the drug in even the smallest quantities. *Image: This is Jim Carrey at that years Oscars [Carrey1].*



Direct-to-Consumer advertising for Psychiatric Drugs

Almost everyone in America who watches almost any television channel has heard these types of commercials countless times before... "Ask your doctor about... [Insert drug here]". Here, in the United States, this seems normal to us, but *ONLY* the United States and New Zealand allow this direct-to-consumer (DTC) advertising of psychiatric mind-altering medications. Does this mean that the United States and New Zealand are leading the world in treating depression, anxiety, or other mind and mood disorders? Or is there perhaps some other underlying motivation for this DTC advertising? *Image: A paper happy face is depicted in front of what is supposed to be a person suffering from depression [Depress].*



From my observation, the most common types of commercials are for anti-depressants:

“If depression is taking so much out of you, ask your doctor about Pristiq” [Pristiq].

“You know when you feel the weight of sadness. You may feel exhausted, hopeless, and anxious. Whatever you do, you feel lonely, and don’t enjoy the things you once loved. Things just don’t feel like they used to. These are some symptoms of depression ... You just shouldn’t have to feel this way anymore ... Talk to your doctor about Zoloft, the number one prescribed brand of its kind!” [Zoloft].

“Depression hurts in so many ways. Sadness. Loss of interest. Anxiety. Cymbalta can help! ... Ask your doctor about Cymbalta! Depression hurts. Cymbalta can help” [Cymbalta].

The way these commercials are constructed, they are meant to make the viewer relate to the person on television. A sad-faced person is usually pictured, who describes an anti-depressant drug as if it is the only thing that has saved them from sadness. I believe this type of advertising can be dangerous, as the viewer watching at home may be going through something causing them stress or sadness, but feel as though this drug might solve their problems. I have described this situation in greater detail in my essay that addresses the pharmaceutical industry.

Examples of Illegal Drug Reference in Movies

For me, movies have a different kind of magic than television. The main difference between movies and television programs lies in the length. The average length of a movie is around 90 minutes, depending on the genre of movie and when it was produced. In television programs, to grasp the scope of what the director is trying to address, multiple episodes need to be watched. In some cases, multiple seasons of shows need to be watched, which can take twenty hours or more to complete. A movie is far more concise. The director can easily convey a message through a movie in a much shorter amount of time. It is in part due to the shorter duration of movies that I believe a stronger power lies for the potential to influence viewers. There are some movies that seem to demonize drugs, such as *Requiem for a Dream*, *Gia*, *28 Days*, and *Flight*, but there are others that seemingly glamorize and glorify use of drugs.

Scarface (1983)



Cocaine is snorted by drug gangster Tony Montana (played by Al Pacino) throughout the entire film. It makes life in 1980’s Miami look fast and fun. Watching the progression of Tony Montana rising to the top of his Cocaine empire almost seems to glorify the use of the drug. Although he is killed in the end, the movie is a roller coaster ride of emotions. It was later shared that the director made the movie to try to cope with his own

struggles with Cocaine addiction. *Image: A scene from the movie where a mountain of Cocaine is sitting out [Scar].*

Pulp Fiction (1994)

This is one of the highest rated films on IMDB. There is rampant drug use throughout the movie. In one of the most famous scenes, Mia Wallace (played by Uma Thurman) does some Cocaine in a restaurant and gets up in front of everyone and proceeds to dance. Vincent (played by John Travolta), who was essentially hired to keep her safe joins her and makes the experience look like quite a bit of fun. Later, Mia is seen stealing drugs from Vincent, and ends up accidentally ingesting high-quality Heroin which results in her overdosing. *Image: This is a shot of the famous dancing scene from the movie [Pulp].*



Fear and Loathing in Las Vegas (1998)



There are so many drugs used in this movie that it is difficult to count. In one of the opening scenes, a briefcase is pictured that contains what looks to be about 30 or 40 unique drugs. As the movie progresses and the lead characters become more altered by the drugs they take, they begin to act more erratic. The way the movie plays out, this almost looks comical, and can make it seem like taking these drugs is fun or exciting. Although their drug use gets them in trouble, that sense of excitement is persistent throughout the film. *Image:*

The briefcase of drugs from the opening scene [Brief].

Pineapple Express (2008)

For the most part, the consumption of Cannabis is viewed with an almost humorous tone throughout the movie. In the movie, Cannabis is said to enhance sex, food, and music. There are exciting action scenes and a lot of comedic references throughout the movie. This can seemingly create a gentler opinion of the currently illegal Cannabis as the movie progresses.



Image: Seth Rogan and James Franco are pictured while under the influence of Cannabis [Pineapple].



Limitless (2011)

This movie is a bit different from the other ones that I put on this list, because it describes a drug that does not

currently exist. This “super drug” that Eddie Morra (played by Bradley Cooper) is seen ingesting allows him to use 100% of his brain’s functioning. It is said that human beings only use about 10-20% of their brains, so this drug is said to have “limitless” potential. We see Eddie accomplishing tasks that should be impossible. At one point he says, “I was blind, but now I see,” meaning the drug allowed him to see a deeper meaning of life and accomplish tasks better. Over time, side effects develop, but if this drug were real, would it be worth it? There have been many critics of the film who wish to know what drug in reality most closely resembles the drug in Limitless. Some have said Amphetamines or LSD, but I believe a drug such as this has not yet entered mainstream consciousness. *Image: This image was chosen as it depicts when Bradley Cooper’s character is first gripped by the power of the mind-expanding drug [Limit].*

The Wolf of Wall Street (2013)

After I saw this movie, I asked a cousin of mine, who was working on Wall Street at the time (back in 2014), if what was in the movie was anything like what he experienced. He said that while a lot of what was shown in the movie had some merit, it was not like that anymore. Cocaine and Quaalude use was depicted multiple times throughout the movie. As



the drug use increases alongside the money, the chaos and general disarray that is shown can almost make the lifestyle seem fun and exciting. *Image: Pictured are two of the main characters snorting Cocaine. Interestingly, actor Jonah Hill is reported to have had to go to the hospital because of the volume of fake Cocaine that was snorted when making the movie [Wolf].*

Is the Media leading our Culture towards Drugs, or is our Culture leading the Media towards Drugs?

Let us think of the philosophical question: Which came first – the chicken or the egg? How do we know what the answer is? One could argue the egg, because that is where the genetics would have aligned to create a chicken. Another could argue that the chicken came first, saying that God or some advanced alien species created the chicken. Who knows?

With regards to this essay, for all the examples that were mentioned from music, movies, and television, was it the media that was reflecting what is already happening in the culture, or did the media lead our culture in a direction of drug use? I suppose there is no way to prove the answer to this question one way or another, but there are examples that can support either side of the argument.



The Media leads the Culture - “Sippin’ on Lean” in popular music

Other names for Lean include purple drank, dirty sprite, syrup, sizzurp, and Texas tea [Codeine]. Most frequently mentioned in hip-hop or rap music, a drink that contains the prescription Opioid, Codeine, is often presented as a means

of enjoyable intoxication. It is my belief that this beverage was only sought after *because* it was originally mentioned in music. In this case, the media is leading the culture. Suddenly, people who had no idea what Codeine was are searching the drug out in the form of a purple drink because it is being mentioned by popular artists such as Lil Wayne, Juicy J, Future, 2Chainz, Young Thug, and Danny Brown. Codeine, being an Opioid, can result in users trying other Opioid-type drugs, such as Oxycodone or Heroin. Since Opioids are illegal for use without a prescription, the music is pushing individuals to break the law, which could result in harsh penalties, such as extended jail sentences if they are caught. The concept of inserting references to Opioid drugs in popular music is illogical to me. *Image: The ingredients necessary to make Lean, the purple drink that combines Sprite and syrup which contains the drugs Promethazine and Codeine [Lean].*

The Culture leads the Media – Lucy (2014)

In Lucy, a new drug is depicted that does not exist yet. Similar to the movie, Limitless, the drug in the movie Lucy, CPH4, seems to give whoever takes the drug superhuman abilities. Lucy (played by Scarlett Johansson) has enhanced physical and mental capabilities, experiencing analgesia, telepathy, and telekinesis. Around the time of 2014, the [Research Chemical](#) industry was booming. Countless new drugs were being developed, most often new Synthetic Cannabinoids, euphoric stimulants, Opioids, and Psychedelics. While it is unlikely that any of these drugs produced effects that were anything like what was experienced by Lucy herself, the movie was emulating what was happening in the culture – the creation of newer and more powerful drugs with unpredictable effects. *Image: This is a poster promotion of the movie [Lucy].*



How can we Expect to stop the worldwide spread of Illegal Drugs when the most Popular sources of entertainment in Music, Television, and Movies depict and even seemingly encourage Drug use?

The answer is – it would be *impossible*. Unless *all* mention of *any* illegal drugs is banned in music, television, movies, and other forms of media, there is unlikely to be any change. Since this is entirely and completely unrealistic, I believe that there is an alternative: global legalization and regulation of All drugs. Instead of people getting in trouble for using drugs that are mentioned favorably by popular entertainment media, if they have substance abuse problems, they will better be able to get the assistance that they need.

People are going to keep listening to popular music. They will keep watching television. They will keep watching movies. As long as these sources of entertainment discuss drugs in one form or another, people will always be reminded about them and will continue to use them. In this drug war, drugs will always win.

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The Rise of Synthetic Cannabinoids: A Cruel example of how keeping Cannabis Illegal birthed an Industry of Destructive Drugs

Recounting a very Hellish Experience with Synthetic Cannabinoids

Allow me to begin with a particularly terrifying experience I had with Synthetic Cannabinoids about 10 years ago:

I took a small amount of powder out of the bag, and dropped it into the aluminum foil basin that I had so carefully shaped to effectively capture the hit. The amount was no greater than the size of a head of a pin, maybe two, and probably worth about \$0.15. "I am going to be sooo high," I remember thinking to myself. How efficient.

I set the lighter to emit a large sized flame, flicked it on, and proceeded to hold it a few inches under the foil basin I constructed for myself. As the lighter was raised closer to the aluminum, within just a few seconds of heating, the powder melted quickly to a liquid. Almost as fast as it had liquified, it transformed again into a gas resulting in a puff of smoke that erupted from the foil which I vacuumed up through a rolled up one-hundred-dollar bill ceremoniously placed between my lips. I let no smoke escape out the sides, capturing the entire hit in full. Image: This is the closest sample to what my use of these drugs looked like [Foil].



The taste was foul, like burnt rubber mixed with melting plastic. It permeated my nostrils and wreaked havoc on my taste buds. I even felt it in my ears. I look down at the foil and see a black crusted residue leftover. I definitely vaporized it right. At first, I feel the blood rush to my head. My face feels flushed and heated. That familiar feeling comes... will this be one of those good hits? Or one of the hellish ones? Always a gamble. Maybe 10 seconds later... and... oh shit, I...

...Then my head clouds, plagued by the thoughts that follow...

Did I just smoke myself insane? Am I going to die?

No. Remind yourself this part ends soon. What is soon? This moment... it feels so long. What is a moment? What is time? Who am I? What is this? Am I alive? Who am I? What am I?

I feel my mind losing control. I want to scream. I feel crazy. I feel insane. I am not even real. HELP!

It is quiet in here. Where is here? What is happening? Fuck. What the fuck?! HELP!

My brain is screaming. Or is it my body?

I cannot control my thoughts. I cannot control myself. I cannot even move. I smoked myself to paralysis this time. I know it. I'm not coming back. I'm NOT coming BACK! HELP!

Mental pain. My brain hurts. It feels like it is ripping at the seams.

It's hard to move. I cannot speak. Please help...

I want out. Let me out!!!

This being just one of many particularly painful experiences that I recall clearly. I am not alone in these thoughts. They have been shared by others, both from people that I know personally, and from postings that can be read on the internet. That painful headspace would last for about 5 minutes, give or take a few, where I would be constantly wishing the feeling was gone, then it would rapidly dissipate into a semi-psychedelic/dissociative high that was only *faintly* enjoyable.

The pain of pure terror was not worth simple pleasure.

Yet, at this point in my life, I was plagued by addictive tendencies, and so I would repeat this exercise many times until I experienced full blown psychosis before I finally decided to cease use of this class of drugs.

My Adventures with Synthetic Cannabinoids

It should be said that this class of drugs is most commonly known by the packaged names it was first sold under in gas stations or smoke shops around 2008 and 2009 here in America: Incense, K2, or Spice. These products were smoking blends containing non-psychoactive plant matter such as marshmallow leaf, mullein, or damiana, and one or more Synthetic Cannabinoid chemicals, sometimes without listing the drug on the package. The drug would be dissolved in acetone or alcohol, then applied to the plant



matter and allowed to dry. The intention of the dried material was for it to be smoked so that a high could be achieved similar to that of Cannabis. I was fortunate enough to obtain some of these chemicals in their pure form for experimentation, such as the JWH-018 pictured two paragraphs below, without being packaged in smoking blends [JWH018]. *Image: This is a pack of K2, one of the early brands of Synthetic Cannabinoids that was available on the market originally [K2].*

My first experiences with Synthetic Cannabinoids were often enjoyable around 2010. At the time, JWH-018 was the most common compound on the market and I made my own “spice blend” by combining one gram of the drug dissolved in acetone with 40 grams of damiana leaf, so that I could smoke the drug like Cannabis. I had first heard about the drug on a website forum dedicated to the use and misuse of various drugs. Hearing that effects of this drug were like “the first time getting high on weed” and being the ever-curious drug user that I was, I decided to indulge. The high was powerful, and the bad experiences were few and far between when I first started experimenting. Mixing JWH-018 with

Cannabis led to some extremely strong, psychedelic-like highs that are memorable to this day. I wish I had stopped using this class of drugs after that, but unfortunately, my use of these drugs was far from over. *Image (on right): This is vaguely what it looked like when I received my damiana leaf so that I could create my own Spice blend [Damiana].*



As for when my problematic use of these drugs developed, it was not until I was put on legal probation in my early 20's that I had to stop smoking Cannabis, my favorite drug at the time, because I was getting drug tested. Since I was a Cannabis addict and I still wanted to get high, I thought Synthetic Cannabinoids would be the next best thing because they could not be easily identified in a drug test. These drugs supposedly bonded to the same receptors in the body and brain that Cannabis did, so it should not be much different... right? *Wrong!!!*

While I do not believe there are any inherently "bad" or "good" drugs in the world, this class of drugs had given me cause to question this belief many times, especially after trying some of the more recently synthesized Synthetic Cannabinoids in 2014 and 2015 that seemingly had more psychotic effects. Never have I ever been so paranoid, scared, or afraid of dying, as I was when I accidentally consumed a high dose of these drugs. Truly, the most unenjoyable and terrifying drug experiences I have *ever had* were when I was taking these drugs. My heart would race. Physical and emotional anxiety would overpower any rational thought. Fear of death would grow at an alarming rate. Psychotic feelings would emerge, and I thought I was insane almost every time.

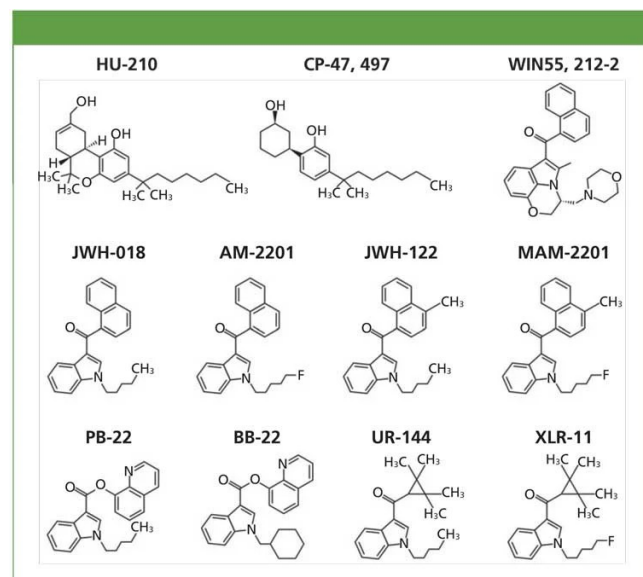


Figure 1: Chemical structures of recent synthetic cannabinoids.

So, if it was so terrible, why did I not just stop? If the bad experiences were genuinely outweighing the good, should I not just have

thrown them away? Logic says yes, but I had become addicted to this stuff, and did not want to stop. And as my addiction persisted, my mental state dwindled. After a particular chemical was acquired under the name “AKB-48,” but felt drastically different than the AKB-48 I remember (which is written about at the end of this chapter), habitually using this drug caused real psychosis to set in... I believed I was some reincarnated Jesus. I thought that there was some conspiracy against me. I felt as if almost everyone in the world knew me, and that the government was watching me. I was suspicious of everyone I met. I thought cameras had been implanted behind my eyes, as an experiment to record the life of a human. I thought I was an alien. I thought I was a robot. There were times I could not tell if I was awake or dreaming. My whole reality felt fictional, and at its worst, I thought that if I jumped from a high enough place, I would have flown rather than fell. *Image: These drugs are just some of the chemicals that I consumed in the height of my addiction to Synthetic Cannabinoids [SynCan1].*

This mentality led me to be alienated from all my friends and family. No matter what kind of rational logical explanation they used to try to make me aware of my behavior, I would not listen. There were only a few times I questioned my sanity throughout this experience, but the thoughts and feelings I had felt so real, that I thought surely everyone else was wrong and I was right. I had done the research. I knew what could happen by using these drugs, so naturally I felt that there were no ill effects happening to me because I thought I was so well-informed. My confidence was my downfall.

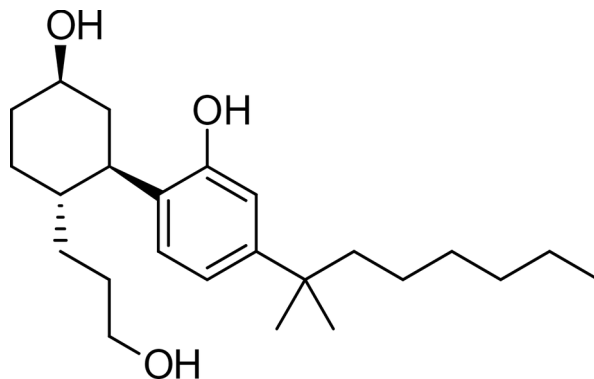
I am sure that if I had been evaluated by a psychologist or psychiatrist at the time, I would have been diagnosed with paranoid schizophrenia. If research is done, schizophrenia or psychosis can be triggered by abuse of these drugs, though the symptoms are usually temporary, but may occasionally continue on permanently. Fortunately, these crazed thoughts were not permanent, but they did persist for about a month after I stopped using these drugs. Whether the drugs lasted for a long time in my body or my brain just needed to readjust, after it was all over, I was surprised it took so long. I felt shame and foolishness.

Did I do long-term damage to my body or brain? I do not think so, but I guess only time will tell. It hurts a little to think back to this time in my life, but it is worthy of mention, as a potential effect from drugs.

What is the History of Synthetic Cannabinoids?

Where did these drugs come from, anyway? The original purpose for the discovery of these drugs may have been with good intention. Interestingly, they were originally created for their therapeutic value to mimic endogenous cannabinoids, which is a system of cannabinoids that already exists within us that runs through our bodies. Research progressed to how to mimic natural cannabinoids as well, such as Cannabidiol (CBD) or d9-Tetrahyracannabinol (THC), but because of their legal status, synthetic alternatives were sought after [SynTox 2015].

Early 1980's - After the discovery of d9-THC's structure and its recognition as the primary psychoactive of cannabis, a number of structural analogs were studied based off the chemical formation of d9-THC. This active cannabinoid was shown to have some analgesic benefits, so a group from Pfizer wanted to study the potential analgesic benefits of synthetic version of this drug compound.



After some study, CP-47,947 and a more potent CP-55,940 were developed with some success [CP55his 2008]. Image: Molecule of CP-55-940 [CP].

1984 - John W. Huffman (who is responsible for naming the JWH Synthetic Cannabinoids that many are familiar with) and his team at Clemson worked to produce more than 450 compounds for tests on animals to study the interaction between mainly cannabinoid drugs and the cannabinoid receptors in the body [LA times jwh].

2006 - It was not until perhaps a bit before the year 2006 in Europe that “Legal Highs” products have existed on the market as herbal smoking blends [EMCsynth 2015].

2008 - As for when the knowledge of these compounds came under scrutiny by investigators, it seems that Germany and Austria first picked up on these kind of compounds in 2008 in select “Spice” products. The primary chemical uncovered was JWH-018 [EMCsynth 2015].

2009-2010 - After the spike of use in 2009 and 2010, fortunately it seems rates of use is declining among Americans based on Monitoring The Future data down from 2011, 2012, 2013 to its lowest level. I believe this is strongly related to laws banning the sale of products like this in head shops or gas stations where people used to be able to go in and pick up these smoking blends in 2010 through 2012. Indeed, some products are still available today, though if they are discovered, they are subject to harsh criminal penalties.

2013 - In 2013 alone, nearly 600 kilograms of bulk powder was seized and reported to the European Early Warning System [EWS]. Most of it was from China [EMCsynth 2015]. To give a frame of reference, some of these chemicals only require a couple milligrams to achieve strong effects for individuals with low tolerance. Other synthetics require even less! An estimate could gauge the 600 kilograms into 300,000,000 doses.

2014 – These drugs made the front cover of Time Magazine in 2014. I remember reading this and seeing a multitude of information, including personal stories, about Synthetic Cannabinoids. The news clearly reached a vast number of people throughout the world as Time magazine has the world’s largest circulation around the world for a weekly periodical.

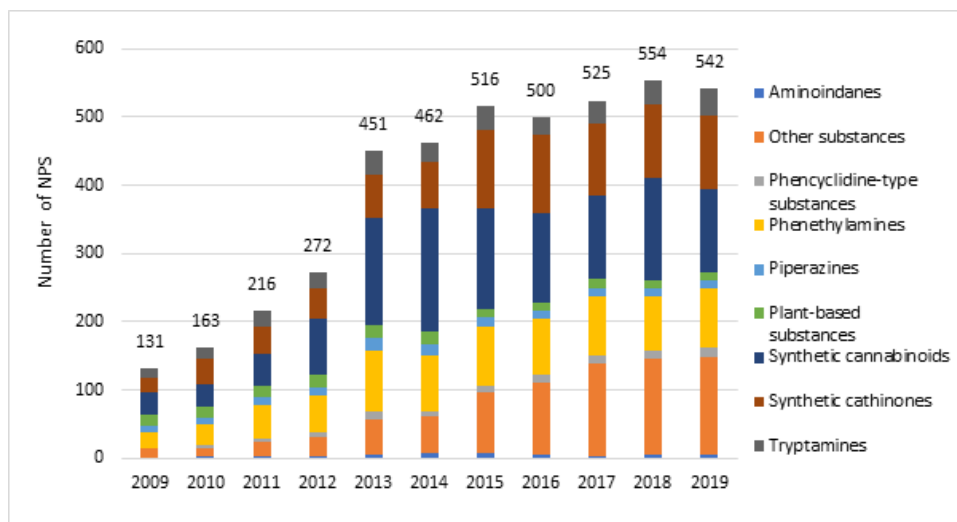
2015 – According to Global Drug Survey in 2015, more people went to the emergency room for Synthetic Cannabinoids than for any other drug [GloDrSur 2015].

2016-2019 – These drugs are still being used in the United States:
Image: The graph shows a relatively constant interest between the end of the year 2016 and the end of the year in 2019 [USnums].



2019 – There are still record numbers of new Synthetic Cannabinoids being reported to the UNODC every year [UNODC].

If these drugs are so dangerous, why would anyone use them?



One reason that these drugs are used is because they are undetectable in most common drug tests (urine, blood, and saliva). Therefore, those looking for employment who are subjected to pre-employment drug testing who might be cannabis smokers, could make a switch to Synthetic Cannabinoids temporarily until they pass their drug test. In addition to pre-employment screens, far more commonly, individuals who were caught breaking the law may take a probationary sentence where they are then also subjected to drug testing, which may cause them to make a switch to Synthetic Cannabinoids as well. This may have proved effective in 2009-2012 when these drugs were first circulating, but in the present day however, there are drug tests surfacing which are capable of discovering the use of most of the synthetics described above, although the detection period is usually very short (multiple days, rather than weeks as in the case of a Cannabis drug test).

Another reason someone might begin to use synthetic cannabinoids is because they are far cheaper than cannabis. At one time, I was able to purchase a gram of UR-144 for 10\$. A gram of UR-144 can contain 100 to 500 doses or more of the drug, depending on purity and tolerance. If I look at cannabis, and realize a 10\$ bag of the drug will only get me high two or three times, then switching to synthetics seems much more lucrative. Individuals may also be intrigued by the fact that many of these new compounds are not explicitly illegal, and so they believe themselves unable to get in trouble should they get caught. This is not always the case, and individuals could undergo legal repercussions if found in possession of these drugs.

The United Kingdom – The Hub of Synthetic Cannabinoid Horrors

Synthetic Cannabinoids boomed in popularity through the 2000's into the 2010's in the United Kingdom. As was mentioned in my essay about Research Chemicals, to try to halt the spread of Synthetic Cannabinoids and other poorly researched drugs, the United Kingdom made a blanket ban on any psychoactive substance that was not Caffeine, Alcohol, or Nicotine in 2016. Many thought this would



bring an end to the Synthetic Cannabinoid craze, but this only made things worse.

Before the ban, the type of Synthetic Cannabinoids that were distributed had a longer history of existence. This usually meant there was

a bit more research done on these compounds, meaning the risk of harm was lower than what is on the market now. After countless countries have imposed various legal restrictions and limitations on these drugs, the type of Synthetic Cannabinoids that are flooding the United Kingdom are more dangerous than ever. Some of them were only created a few months before they hit the black market. Before 2016, drug users used to be able to go into smoke shops, tattoo parlors, gas stations and other small business locations to purchase herbal smoking blends. While there was no formal regulation before the ban, users became familiar with certain smoking brands, and shop owners became acquainted enough to give advice to those wishing to purchase the product. Now, these recently synthesized Synthetic Cannabinoids are even less regulated, since they are dependent on street drug dealers to distribute them. On top of this, headshops and other businesses that distributed the drug have had to close down. *Image: This is what a head shop looks like where someone may have gone to buy Synthetic Cannabinoids [Shop].*

Since 2016, there has also been a three-fold increase in deaths in the prison system in the United Kingdom as a direct result of Synthetic Cannabinoid overdose. Originally, inmates used to use drugs that were more readily available, such as Heroin or Cocaine, but with increased monitoring and prison inmate drug testing, individuals have turned to Synthetic Cannabinoid consumption as these drugs do not show up on typical drug tests. Combined with the fact that these drugs have arguably less research than any other class of drugs, unpredictable effects are common, which can sometimes result in death.

How can we solve the Synthetic Cannabinoid problem?

While I confess that I am impressed that over the years, hundreds of new Synthetic Cannabinoids have been synthesized, it is also what I am most concerned about. There seems to be no indication that research will cease for these drugs since demand is still high. To me, it seems obvious that the best answer would be to legalize and regulate Cannabis on a global scale. I theorize that markets for Synthetic Cannabinoids would dry up very soon after, since the demand for these types of drugs will decrease as demand for natural Cannabis will increase.

After legalization, it will be easier to conduct research on the potential medical benefits of Cannabis, without having to suffer through a rigorous process for approval because the drug is illegal. Physiologically speaking, Cannabis is one of the safest drugs that currently exists. There are *zero* known deaths by overdose for Cannabis. Comparatively, thousands of people have died from the



consumption of Synthetic Cannabinoids. They are also highly addictive and have unpredictable effects. Hopefully the time is not far off when Cannabis can be studied legally so that we may all benefit from its potential medicinal uses. *Image: Advocating for the medical use of Cannabis [Med].*

Some Further reading about Difficult Experiences that I had with Synthetic Cannabinoids

The experience below are recounted to bring extra attention to the fact that these drugs can have quite unpredictable and undesirable effects depending on the user. I believe that by providing these experiences of how effects can differ based on the chemical, dose, and route of administration will be helpful for others to understand why this class of drugs can be dangerous. Please note that the chemicals that are cited may not have been the actual chemicals that were provided to me. There was a great variation in types of Synthetic Cannabinoids throughout the time this was written, and I may have been unknowingly sampling new Synthetic Cannabinoids that I never heard of.

Oral JWH-018 - "The scariest trip that I ever had," circa 2010, recounted in 2012

A good amount of 018 was orally consumed. I had been dosing 018 orally on occasion having quite a preference for its long lasting mildly mood lifting effects. Unfortunately, I do not know exactly how much I took, but I recall the dose being twice what I would normally use with the thought, "I'll be going to my friend's pool so I want to stay high all day." Regrettably, the drugs did not have the intended effect. Instead, I was blasted with a high so intense, it rendered me unable to breathe for periods of time. Sometimes this happens with the synthetic when smoked and the feeling is usually short, but as I had orally consumed the compound, the shortness of breath was more profound and lasted about an hour. This was the strong come-up phase. I could barely keep my eyes open; the effect was so strong and heavy. I vaguely recall being in the pool briefly but I did not understand the liquid substance around me and soon had to sit on the side. While lying in the sun during this come up phase, I remember thinking what if I just stopped breathing and died? It was the worst trip I ever had. And I call it a trip, because my mind was warped and twisted in a way that I had never experienced. I was also experiencing vague hallucinations, every time I tried to lift my head off the chair in the sun, if I could manage to open my eyes it looked as though there were pterodactyls or some flying bird like creatures up there. The visual experience was not scary, and may have even been enjoyable had I not thought I was on the verge of death. It was fortunate that I had read about overdose JWH experiences recently, and was able to summon all the control I had to focus on the normally unconscious act of breathing. 'In.... Out... Out... No. In!' it was quite a struggle. I told a sober friend sitting next to me that I had taken some drugs and was having a hard time, but if I was really going to lose it, I'd let her know. She was mildly concerned, but made sure I was okay, just watching me lay there

After that disturbingly dark phase, which lasted a couple hours (I think), I was the highest I had ever been on the chemical. It lasted for nearly 12+ hours heavily, with a lingering 12 hour after effect. This on top of an already moderate JWH tolerance I had is quite substantial. The peak phase right after the come up put me on a level of stoned that was quite relaxing, but also mildly sedating. My eyes had never been so red and blood-shot in my life, it was as if there was no white in my eyes. I have a vague recollection of looking in the mirror and having my vision start swimming. This may have been my first psychedelic experience unintentionally, and quite an experience it was. Do not repeat.

Vaporized UR-144 - "Unexpectedly intense and DANGEROUS!" circa 2011, recounted in 2014

It seems the effects of UR-144 are greatly enhanced when vaporized. Research has told me that touching direct flame to the compound disintegrates it before the active chemical is actually ingested. It may also destroy some active product. Also noted is that there is no cigarette filter to filter out some of the drug that passed through it. There is no barrier between the product and ingestion. The method of vaporization I have used is the "foily method" (see image at beginning of chapter). I had read online that

an individual could get more out of the product if it were vaporized rather than smoked. I found that using a piece of aluminum foil provided an adequate medium between the heating element (usually the lighter) and the chemical. An extremely small amount of powder was placed in the indented foil before placing the flame below the foil to heat it. This would cause the powder to move from a solid, to a liquid, to a gas in a very quick matter. The user would have a straw or some other kind of rolled up instrument to catch the vaporized powder fumes and inhale. The taste was usually unpleasant for most compounds.

As for the actual experience, with UR-144, the vaporized high was a "mind-fuck" in short. It would cause racing thoughts, shortness of breath, temporary mild paralysis, and head pressure. These effects usually were not that terrible unless "too much" was done. Then these effects could be very pronounced, and in some cases, downright terrifying. There were times I had thought I may stop breathing which caused my heartrate to increase, and panic levels to elevate.

Sometimes extremely psychotic thoughts would occur, feelings as though I had gone temporarily insane, with a fear that I wouldn't "come back" to baseline sobriety.

Thankfully, the unpleasant effects were short lived, lasting no more than 2-5 minutes, before a really strong head high would take over. For me, that psychotic "come up" phase on the way to the high was not worth the actual high by the time it was achieved. However, I had wanted to get high so I would repeat the process, no matter how much discomfort it was causing. Damn drug addiction when Cannabis is unavailable for legal reasons! (Probation drug testing).

Smoked CP-55,940, "An overall unexciting experience," circa 2012, recounted in 2014

This is one of the older generation synthetic cannabinoids. I believe it was first created by Pfizer in the late 1970's with the intention of killing pain. Being someone who wanted to try all the different Synthetic Cannabinoids I could back in the day, when I stumbled upon this, I had to try it. It was unique, but nothing sensational. The effects were generally dull, and not memorable. I remember smoking it a few times off the tip of a cigarette and feeling rather sleepy. After reading about it online, I found there was little recreational value, in terms of eliciting a high. It was not unpleasant, but the mild sedation was rather bland.

Various RoAs with AKB-48, "The gentlest of the Synthetic Cannabinoids" circa 2013, recounted in 2014

The desire to find more enjoyable and less psychotic Synthetic Cannabinoids led me to AKB48, which I actually found rather enjoyable comparatively, as did close friends. It was the most forgiving in that it lacked many of the ill side effects that came with other Synthetics. Ingesting too much usually resulted in tiredness, as opposed to a psychotic episode. The effects consisted of a strong body stone, a mild sedative effect, with the most cannabis-like feelings out of the Synthetic Cannabinoids that I have tried, just with very little psychedelic headspace comparable with Cannabis. Thoughts didn't scatter as much. Eyes became very red and sometimes squinty. Also, effects tended to persist for up to an hour or more whereas other Synthetic Cannabinoid effects typically lasted for 15-30 minutes maximum. Additionally, orally consuming this compound gave an effect similar to a very stoning Cannabis brownie, again with more of a body stone and much less of a head high. Whether the compound was smoked off the tip of a Cigarette, vaporized on foil, or eaten (for best effects, eat after a small meal), there was noticeable mood lift. Getting a case of the "giggles" was not uncommon. Friends also said the compound reminded them of a stoning strain of Cannabis. The color of the drug that I received which had the best effects had a very light yellowish hue to it. It vaporized mostly clear on foil, instead of leaving a black residue like other compounds. It did not taste anywhere near as foul as every other synth. In fact, I grew to enjoy the taste the more I grew to enjoy the compound.

Smoked AB-CHIMINACA - "The worst Synthetic Cannabinoid that I tried," circa 2014, recounted 2015

This was the most recent Synthetic Cannabinoid that I had tried, and by far the worst! I obtained some which came pre-applied to plant matter at a high ratio of chemical to plant medium, according to the supplier. I tried the chemical on its own, and it was truly unenjoyable. A very small dose produced virtually no euphoric or pleasant effects. It had a hint of the "crazies," as I would call the psychotic side of Synthetics, that were coupled with some of the newer generation Synthetics, such as 5f-UR-144. It tasted foul. The duration of the high was short. The worst part was that I had some internal organ pain, perhaps liver or kidney oriented, that persisted for an hour or two after the high. I only smoked this a few times in a few different ways to see if there was any enjoyable activity. It was a loss. The internal pain was something that I don't recall experiencing with any other Synthetic Cannabinoids. Any dose of this drug caused pain.

Perhaps the product was impure or had contaminants. But my other thought is that since this was one of the most recent generation Synthetic Cannabinoids at the time, less care was given to the side effects. These products are developed in labs, meant to dodge laws as more and more chemicals are banned, so less testing might be done, in order to expedite the process before new laws are made. As a result, a more toxic product with harsher consequences could be formed. The physiological cost of JWH seemed fairly low, unless too much was ingested. This AB-CHIMINACA was painful and psychologically unpleasant at even the lowest doses. Avoid.

Smoked blend of Synthetic Cannabinoids - "Another awful dissociative trip through Hell," circa 2013, recounted 2015

I have another clear memory of "doing too much". I had mixed two or three compounds together to try to get an "enhanced" effect... and oh my, did I get quite an enhanced effect.

I had read online that to get the "most" out of the synthetics, a vaporized hit would be most economic. Of course, each hit only cost about 15-25 cents anyway, but being addicted to the stuff at the time, of course I wanted the stronger hit!

This was an extremely unenjoyable experience. While holding the lighter under the foil, I cooked the hit to an exceptionally hot temperature this time, and I believe the residue of past hits that had not fully vaporized off this piece of foil came into my being with full force. I remember watching the vaporized material pop off the foil in a thick cloud, but I sucked it all through a tube, not allowing any of the smoke to escape.

The taste was horrific, but I was used to it. I felt it burn out my sinuses. The physical effects were nothing compared to the mental anguish that ensued. I laid on my bed, having a semi-dissociative mind-racing head-fuck feeling. My mind was on turbo mode thinking of all the worst things. I thought I might die. I thought I had driven myself insane. I wanted it to end so badly, but it persisted for several minutes. Recalling this now, I wonder why I subjected myself to this self-torture consistently. Even when I did an ideal amount (whatever that might be), the high was still unproductive and far from enjoyable, and so fleeting - lasting no longer than 10 or 15 minutes with the tolerance that I had built. Then, almost unbelievably, the craving for another hit would come!

I was not the only one this happened to. I had two friends text me when they had attempted to foil vaporize the drugs on their own. One of my friends sent an alarming text thinking she had done some long-term damage. Fortunately, I got a follow up text 5 minutes later saying "Oh shit, never mind, I just

think I might have done too much". Another friend sent me a text while I was in class saying how he was having a meltdown about life while watching a documentary about religion. He was crying profusely after taking the hit - it had really scared him as well.

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What are Research Chemicals?



For those who are unaware of what Research Chemicals actually are specifically; they may have heard of “Bath Salts” from the mainstream media around the year 2010. They may also have heard of “Spice”, “Incense”, or “K2” from around the same time. These are names given to drugs that belong to a class of drugs that can be called “Research Chemicals”. In essence, the term Research Chemicals describes newly synthesized drugs, usually within the last 40 years, that are designed based off the chemical structures of illegal drugs that already exist. The Bath Salts

mentioned above described a class of euphoric stimulants, including Mephedrone (bk-MDMA), Mephedrone (4-MMC), and Methylenedioxypyrovalerone (MDPV), that allegedly had similar effects to Amphetamines, Cocaine, and MDMA. I believe most of these drugs likely only emerged into existence because the parent compounds that they were modeled off of became illegal. Chemists spent countless hours finding drugs that may have similar effect for the purpose of generating happiness in others, profit, or for pure curiosity. *Image: Drugs were sometimes found looking like what Bath Salts may have looked like, little pebbles or rocks [DEA].*

The same can be said for “Spice”, “Incense”, and “K2” which can be summed up into what can be collectively called “Herbal Smoking Blends”. At the time, these Herbal Smoking Blends contained Synthetic Cannabinoids, and were widely available at gas stations, smoke shops, or online. The term “Synthetic Cannabinoids” refers to drugs that were created to be similar to the molecules that were found within Cannabis, most usually, d9-Tetrahydrocannabinol (THC). Again, these drugs were likely only created because the parent drug, Cannabis, was illegal. These are just a couple examples of the countless Research Chemicals that exist today. For more information about [what Research Chemicals are](#) and a [brief history](#) of how they came into existence, please read the two articles I wrote that are linked.

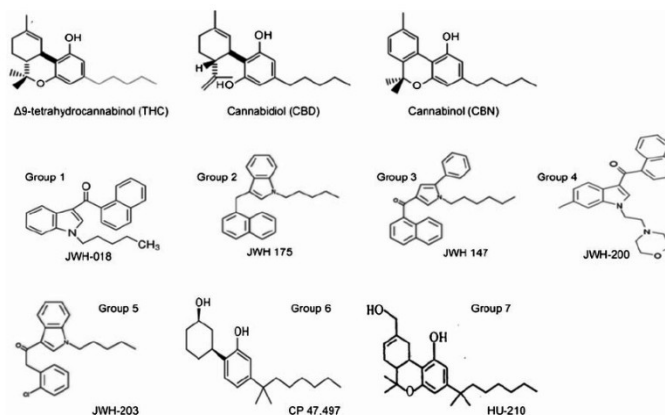


Image: A bag of K2 and what the material inside may have looked like [K2pic].

Why might Research Chemicals be dangerous?

The problem with these more recently synthesized Research Chemicals, is that because they are so young relative to their parent compounds, there is usually much less research done on them. Drugs that have less research done on them are more likely to have unknown side effects, which can result in accidental harm or death upon consumption. One case of this that comes to mind is in the case of the Synthetic Cannabinoids mentioned above. To my knowledge, there are no known

cases of overdose from natural Cannabis, however, a quick search online will reveal that there are many deaths associated with overdose on Synthetic Cannabinoids. People are told by friends, shop owners, or the internet that these drugs function identically to Cannabis because they have a similar appearance, when this cannot be further from the truth. There are hundreds of these Synthetic Cannabinoids that exist at the moment. As I have extensive experience sampling various chemicals in this class of drugs personally, some of them feel absolutely nothing like traditional cannabis, while others may exhibit minimal similarities. With all of them, I felt a level of toxicity that was overall unenjoyable. If chemists and researchers had been allowed to research Cannabis legally, there likely would be no reason for these Synthetic Cannabinoids to exist in the first place. *Image: Three natural cannabinoid chemical structures pictured on top, with seven currently illegal synthetic cannabinoids on the bottom* [SynCanPic].

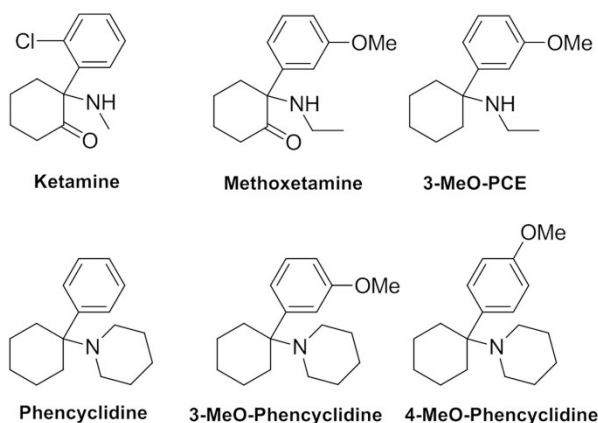


One might think that because of the potential harm these drugs can cause and attention that was received, that they would be made illegal. Over time, this is exactly what happened. With enough negative media attention and investigation, any drug can be made illegal.

What is the problem with making Research Chemicals illegal?

We already established that the reason many Research Chemicals exist is because their parent compounds are made illegal. Now what happens if we make those newly created Research Chemicals illegal? The result is that *even more* compounds with *even less* research emerge on the black market. In order to address this point better, a brief history lesson with a different class of drugs may help elucidate the problem. Originally, in the 1950's, Phencyclidine (PCP) was developed for use as a dissociative anesthetic for surgery. Due to the unpredictable and often undesirable side effects, such as delirium and hallucinations, other dissociative anesthetics were sought after. This led to the discovery of Ketamine, which is arguably still one of the most beneficial dissociative anesthetics on the market today. However, due to Ketamine's euphoric and potentially addictive effects, it was made illegal decades ago. In recent years with advances in sciences and technology, this has spawned other dissociative drugs with arguably similar qualities to emerge into the market: Methoxetamine, 3-MeO-PCE, 3-MeO-PCP, and 4-MeO-PCP are just a few. *Image: Ketamine, PCP, and some of their analogs, showing how similar they can be in chemical structure* [DisPic].

Now, just like Ketamine was made illegal due to popularity and general enjoyment, Methoxetamine and some of its cousin compounds were made illegal just a few years ago. This in turn sparked chemists to discover yet another similar compound, Deoxymethoxetamine (DMXE) which has even less research done on it and a potentially greater chance of unpleasant side effects. If you have been following so far,



you will be seeing a pattern. As soon as one or more drugs of one class are made illegal, then new ones that are just slightly different in chemical structure will emerge in their place very soon after. Again, this can be dangerous because more drugs are being created with even less research that can cause unpredictable side effects. If the parent compound, in this case Ketamine, were not made illegal to begin with, we likely would not have the wide variety of dissociative compounds that we have today.

Where do Research Chemicals come from?

Many who are reading this may not be familiar with any of these Research Chemical compounds that I have talked about so far, so how do people stumble upon them in the first place? Speaking from experience, as someone who liked to explore the effects of new drugs, simply going to online forums, such as Reddit or www.BlueLight.org, will enlighten users about these new drugs. These compounds seem especially attractive to some users because of their legal status and similarity of effect to traditionally illegal drugs. Many were on a similar path to what I was on, exploring new drugs out of pure curiosity as well. Another reason people stumble upon these drugs is because many times they do not show up on drug tests, which can make them seem more attractive to those on court-ordered Probation or Parole.



When the question moves to the origin of manufacture, there seems to be a few countries churning out these chemicals in massive quantities. I believe the most Research Chemicals are coming out of China. Chinese laboratories can make vast quantities of these drugs at very agreeable prices. The user only needs to feel safe to order the drugs to their house, and it can be done with grey area legality. Even now, years after the major crazes of Bath Salts and Synthetic Cannabinoids have largely worn off, doing a simple internet search for “Buy [Substance] China” or similar can yield results for where these drugs can be found. As soon as these drugs become illegal, the Chinese laboratories adapt quickly and stop producing that drug. Usually, it is only a matter of weeks or months before a similar compound emerges that is legal. Image: This is one

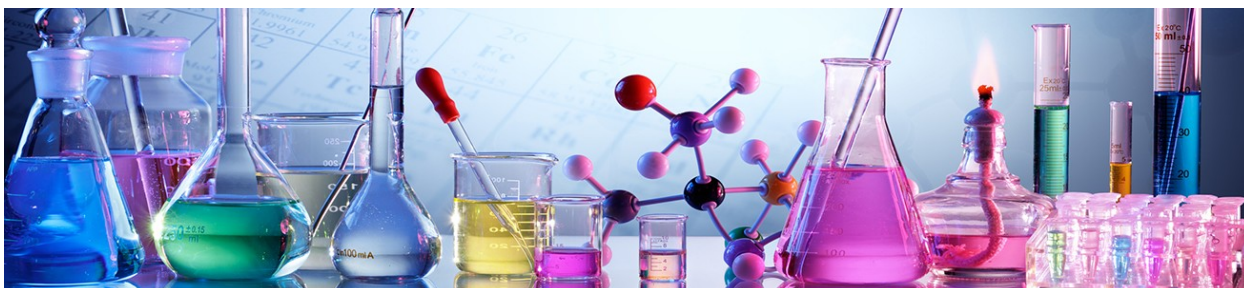
of the ways that these chemicals can be advertised for, pushing their products with social media and pictures [Lab1].

How are Research Chemicals tested before they are sold to the General Public?

There is a lot of speculation for what might have been done in order to get these Research Chemicals to a sufficient enough safety level for them to be sold. After all, even the greediest of chemists should take enough precaution to not want to kill their potential clientele, or they would be seriously lacking in

business! I have multiple theories on the matter myself. One theory is that the chemists will do testing on animals with the newly synthesized compounds. Perhaps if the animal behaves similarly from one currently illegal compound to the new legally available compound, the drug can be put to market having potentially similar effects. Animal testing has multiple disadvantages. Perhaps the biggest disadvantage is that since the researcher cannot very well ask the animal a question like, “Does this Methoxetamine today feel similar to the Ketamine I gave you last week?”, they will never know exactly just how alike or different their new compound may be!

Another theory is that the chemist, ideally having a wide knowledge of basic biochemistry and pharmacology, will actually take the new drug themselves. If they are experiencing the drug on their own, perhaps they can give an honest account of how similar it may feel in effect to the illegal parent compound. Of course, even with this method, there is no way to measure short-term toxic effects or long-term negative health effects. There is also an element of risk associated if the chemist is not an absolute Master in their field. Perhaps a combination of this theory and the former would be the most suitable for ensuring a basic level of safety before the drug comes to market. Still, this cannot account for outlier situations amongst consumers where unpredictable effects may spawn seemingly without reason.



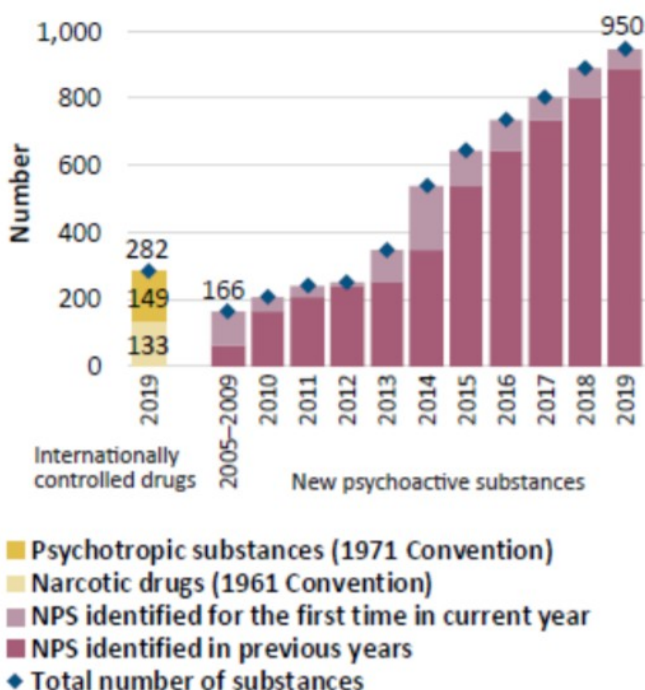
My final theory, and biggest fear, is that while these Research Chemicals are created to be chemically similar to their parent drugs, there is absolutely **no testing done** before they are distributed on the market to the public. In order to market these new products without having any documented research done on them, vendors will send the drugs off as free samples to curious psychonauts over the internet. These curious recipients will take the compound, at whatever dose was recommended by the vendor (or they may just estimate a dose entirely based off their dose of another drug!) and essentially become the “willing” test subject for this new compound. The ramifications of this are the most severe, since the chemists would be putting their drugs in the hands of people they do not even know, having little idea of what the potential effects might be. Speaking for myself, if I am curious about a drug that I never heard of before, I usually look up what the effects might be on the internet, but how do I know if what is posted is true? Also, how do I know that what the vendor sent is actually the compound it is supposed to be? Great care should be taken if a user decides to experiment with drugs that are unresearched. *Image: This is just a picture of some chemistry equipment to keep the reader engaged! [Chem1].*

How are some Governments handling the Inflating Research Chemical Market?

While it is exhausting and time consuming to ban each Research Chemical one at a time shortly after they are created, there are some governments that have taken a “Blanket Ban” approach. In the United Kingdom, for instance, since the year 2016, they have banned any substance that can have an effect on the brain. Does that sound vague? It is, but if the reader is curious about specifics, the details of the law

can be found online. From my understanding, having talked to multiple drug users in the United Kingdom, drug use of both explicitly illegal drugs and grey area legal drugs is still flourishing.

FIG. 61 Number of internationally controlled drugs in 2019 and new psychoactive substances identified at the global level, 2005–2019 (cumulative figures)



A quick look at this graph from the recent World Drug Report 2020 will indicate very clearly that the Research Chemical industry is still flourishing [WDR2020]. As of 2019, there were 950 unique and internationally controlled drugs. The trend of the graph is only increasing. It seems that every effort, whether national or global, made by any government has not decreased the spread of these new and potentially dangerous drugs. It seems clear that the efforts that have been made to eliminate drugs, whether legal or illegal, are falling short. To me, the best course of action would be to legalize all drugs, as this would likely steer users away from recently synthesized, poorly researched, and sometimes dangerous drugs. While there may be an increase in users going back to traditional drugs, I believe this option is far better, as the drugs that currently exist have much more research associated with them. Also, for the amount of government spending that is done on the current Research Chemical market, I believe funds could be better allocated to

education or treatment programs meant to help people.

The dangers of having Common drugs, such as Heroin or Cocaine contaminated with Poorly Researched or Unsafe Research Chemicals



I have had friends tell me that they bought “Cocaine” but they said it felt quite different. It also did not have that Cocaine-like smell that they were familiar with. They reported feeling a short-lasting euphoria and that there was a sharper burn in the nose. I was immediately suspicious of Amphetamine or some other euphoric stimulant Research Chemicals. While I cannot know what the drug was without doing extensive testing on it, reports on Reddit

suggest that 3-Methylmethcathinone (3-MMC) has a very Cocaine-like effect when insufflated. As Cathinone-type drugs are quite toxic for the body, substituting 3-MMC for Cocaine can result in troubling long-term effects in those who may have had a Cocaine addiction. *Image: This is a picture of 3-MMC, which has a similar appearance to the shiny "rock" material that Cocaine can sometimes be found [3MMC].*

When it comes to Heroin, Fentanyl and its analogs have now found their way into more samples of Heroin than any Morphine-type drugs. This is very dangerous, as Fentanyl is roughly 50-100 times more potent than Diacetylmorphine (the original chemical name for Heroin). Some of Fentanyl's analogs, such as Alpha-Methyl Fentanyl, Furanyl Fentanyl, and Acetyl Fentanyl have less research and history of human use. Some may even be more potent than Fentanyl itself. For the unsuspecting drug user, using these Research Chemicals can result in overdose.

While it is perhaps not immediately apparent to the average reader, these traditional drugs that people often use are becoming increasingly more contaminated with poorly researched or unsafe drugs. To me, the only obvious solution is to legalize the parent compounds, both Heroin and Cocaine. This way, at least a user will know what they are getting and how pure the drug is when they make a purchase.

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Part 3: My Experiences with Drugs in the Legal System

What did it feel like to be Arrested?

I believe the answer to this question depends on the severity of the arrest. Did a police officer sneak up on me while I was smoking a little Cannabis with my friends outside? Or was I driving around with ten different drugs on me and a multitude of paraphernalia, such as small bags, capsules, and scales, all used to facilitate distribution?



If the question is the former, there was a foreboding feeling. It felt like a rock dropped to the bottom of my stomach. Questions like “Oh, why me?”, “How did this happen?”, and “Shit! What’s going to happen to my future?” bombarded my brain, especially since I was relatively young. In this particular example, in my early college years, it was the first time I had been arrested. I will never forget the feeling of having handcuffs placed around my wrists. The

restriction. The limitation. The powerlessness. Knowing that if I were to try to flee, even though I can run faster than most people, the consequences would be even more dire. How was this fair and just? We were just smoking pot on the other side of the lake! We were not hurting anyone. We were not even driving around and doing it! Many of us were going to go to a party that night, with the intention of getting highly intoxicated on alcohol. Why is that legal when those who drink Alcohol tend to behave far more recklessly? After this first arrest, an anger towards the system that exists was born. *Image: A person caught smoking Cannabis [Caught].*

When it comes to the second question, where I was caught with a multitude of drugs and paraphernalia, there was a definite “Oh Fuck!” feeling, combined with dread and depression. It felt like the worst feeling I could experience, regardless of whether or not I was under the influence of drugs. In one moment, I was feeling like the King of the World, doing whatever I please, immune from the eyes of the law, believing I was spreading happiness. In the next moment, I was assaulted by the very law I thought could not touch me, and forced to deal with the consequences of my actions. To me, I had not done anything wrong. I was not hurting anyone. In fact, depending on the situation, I would argue I was actually helping people. The law disagreed whole heartedly, and I was sent to jail.

Pictures kept playing across my mind, that were mostly in the form of disappointment. I had disappointed myself, my friends, and my family. To make everything worse, I was left sitting in jail, with no connection to the outside world besides a telephone that required money from friends and family to operate. There was much shame, remorse, and depression at the time. Having everything you worked for get taken from you is quite a shitty feeling. After the initial smoke cleared surrounding my sadness, I again felt the anger towards the system that I had from my first arrest, but this time it was much more intense.

What did it feel like being in Jail?

I can look back now and say that I am truly grateful to have been incarcerated, as it helped me get a new life perspective, but in the moment my gratitude was severely lacking.

Again, depending on the severity of the crime or the number of crimes you have been arrested for, determines how one feels while sitting in jail. For me, the first time was the worst. I was in shock for the first few days, not believing that it was even possible that I could be in a place like this each day that I woke up. After my first major arrest, following hours of paperwork and idle waiting, I was transported to the mental health unit. This was common in my county, since the behavior of first-time offenders was often unpredictable. I can remember trying to go to sleep that night and listening to people talking to themselves in bed. Was this really where I was supposed to be? I was surrounded by a large number of people with mental disorders, many of them homeless on the outside world. Some even admitted that at least they could get a few hot meals when they came to jail. How different my perspective of the situation was compared to them!



One of my least favorite parts about the jail experience was the quality of food that I was forced to eat. Rarely was it ever hot enough to be near enjoyable. Everything was bland. Salt and spices for flavoring was nearly nonexistent. Also, my digestive system did not function well, so after nearly every meal, food would be pushed back up from my stomach into my mouth. Perhaps this was some kind of GERD or acid reflux, I am not sure, but it never made me feel good. There were times I would wake up in the middle of the night to undigested dinner in my mouth. I certainly appreciate the healthy food I eat now more than ever before when I

was incarcerated! In the image to the left, this is what a common tray looked like in virtually all the jails I went to. The top left is a sweet item, usually a piece of cake or a small cookie. To its right is a small salad – I guess trying to give the inmate the impression that they are eating healthier than normal. Next to that is a piece of bread, usually very dry and tasteless. Beneath that is a macaroni dish, also with no seasoning. In the bottom left corner is what we would call a “hockey puck.” This was usually some type of meat-based item, but the type of meat was usually unidentifiable. Sometimes it looked to be a sausage, while other times it may have been a burger. There were rumors that these hockey pucks sometimes contained no meat at all and were soy based so that inmates did not have as much energy, and would therefore be less aggressive. *Image: Sample try of food in the average jail [Tray].*

In two of the jails that I had been to, I was assigned various bunkmates. Jails and prisons are usually constructed this way, by putting two individuals in a cell together. At times, this can cause problems if for instance one bunkmate is a white racist person and the other is black. Correctional officers usually take this into account and split inmates up accordingly in order to reduce the chance of fights breaking out. Sometimes this does not happen in time, and fights break out within the jail cell. Inmates can usually be switched if the circumstances are significant enough, such as the threat of rape or assault. My bunkmates were fairly reasonable each time. Several made promises to me of drugs they could sell me when I got out. Others taught me about the best way to steal a television from a rich person’s home. I had a few that were withdrawing from drugs and looked sick every day. Fortunately, I never felt unsafe.

Using the bathroom took some getting used to. The common structure of a jail unit is that there are many cells, usually lining a main common area in a square-like fashion. Due to the structure of the environment, there was no privacy when going to the bathroom. Inmates would occasionally hang up a bed sheet to try to give themselves some level of privacy, but this was often not allowed and correctional officers would come over and strip the sheet off. It was common courtesy to ask your bunkmate to leave the cell if about to use the bathroom. *Image: A standard two-person jail cell with a toilet and sink structure [Cell1].*



What did you do in Jail?



Due to how limited the space was and how few things there were to enjoy, the options for what could be done for enjoyment were rather restricted. Some of us would play games. Spades (a variant of the popular game, bridge) was most popular. Most of the guys would bet their next meal, but I stayed away from any gambling. Chess was very popular, and I definitely increased my level of skill. There were entire days where I would play the

same person, game after game, for hours straight. Perhaps this was good at making my brain grow to solve problems, or perhaps I was just passing time. *Image: An image of what a Spades board might look like. It is fairly similar to a game that is usually played by an older generation, Bridge [Spades].*

As for my connection to the outside world, it was limited. There were obviously no cell phones, which took some getting used to. For the first week during each of my stays in jail, I would instinctively reach for my right pocket, as if I were going for my cell phone, but would turn up empty handed. Since cell phones were unavailable, we were forced to make phone calls on what looked like payphones and also write letters. I had to wait my turn for the phone as there are unspoken rules about interrupting people's conversations or getting close enough that I might hear what someone else was saying. I was blessed to have a loving family and friends who would speak to me, even though I would often feel shame because of the position I put myself in. I took a pleasure in writing letters, since writing is one of my favorite things to do, but response time was slow and it was often disheartening. I hated feeling like I was taking away the time from those I cared about on the outside world, but I was starving for attention because of the situation I had placed myself in. *Image: Many of the phones looked something like this, almost like a pay phone (if anyone can remember what*



those looked like!). Sometimes, people would hang the phones up upside, like is seen in this picture, when they wanted to signal to other inmates that they were not done with their phone time yet. Fights about phone time were rare, but not unheard of [Phone1].

The activity that I probably spent the most time on was reading. It was the one way that I could escape and feel truly gone. Whatever adventure or suspenseful story I could fall into brought me more relief than anything else while I was in jail. Occasionally, while captivated by a story, a loud noise from one of the other inmates would break my concentration, and I would be thrust back into the reality that I was still sitting in jail. Fortunately, my mind was strong enough to tune this out and immerse myself back in the book most of the time.



Although the television was always on, I was usually not watching it. There is a certain unspoken hierarchy of who gets to take control of what is on television. The bigger, angrier, and more intimidating individuals usually picked what was on television. Occasionally, a good movie might be selected by one of these individuals and I would find myself engaged in it, but then another person would change the channel and put on whatever they wanted. Rarely did I say

anything. Above all, my least favorite programs were shows like “Cops” where we would watch people get arrested and sent to jail. I still do not fully understand why so many of the inmates would take pleasure in watching a show like this. *Image: This looks almost exactly like one of the jails I was in. The chairs and tables look the same, and there is one television in the corner that is locked in a box to prevent anyone from manipulating the electrical equipment in the back [TV].*

One of the most important things I learned was to up my standard of cleanliness while in jail. At first, I had no desire to clean my cell, not that there was much to cleanup anyway. It was not long before the other inmates on my tier would ridicule me for my lack of cleanliness. It was expected for inmates to sweep and mop their cells on a weekly basis. Naturally, I conformed to this behavior so I would not get harassed. The depression would occasionally make it difficult, but to invest 30 minutes a week to make sure your cell was clean, was worth it just so others would not bother me.

Occasionally, fights would break out, and this is what a lot of inmates looked forward to. It was without a doubt the most exciting thing that would be witnessed in jail. I can remember one situation in the first jail I was in. We could look through a large glass wall to another unit, and everyone in that unit had red wristbands, meaning they were all arrested for violent crimes (aggravated assault, rape, murder). We witnessed a massive fight break out, without 10 inmates brawling each other. The correctional officer on duty had sounded an alarm, and about 20 other correction officers barged in and proceeded to break up the fight with the use of force. The memory of this returns to me clear as day because of how exciting it was.

As for visitations, these were truly the greatest blessing, but simultaneously the most bittersweet. Knowing that there were friends or relatives coming would give me something to look forward to for days. The maximum visitation time at any jail I was at was only about an hour, and when my visitors finally showed up, it was almost like I did not know what to say or do. In some places, hands could be held, but in others, there was a glass wall and a phone to communicate through the glass. As soon as the visit ended, it would usually put me in a deep depression for several hours. It was as if I was being



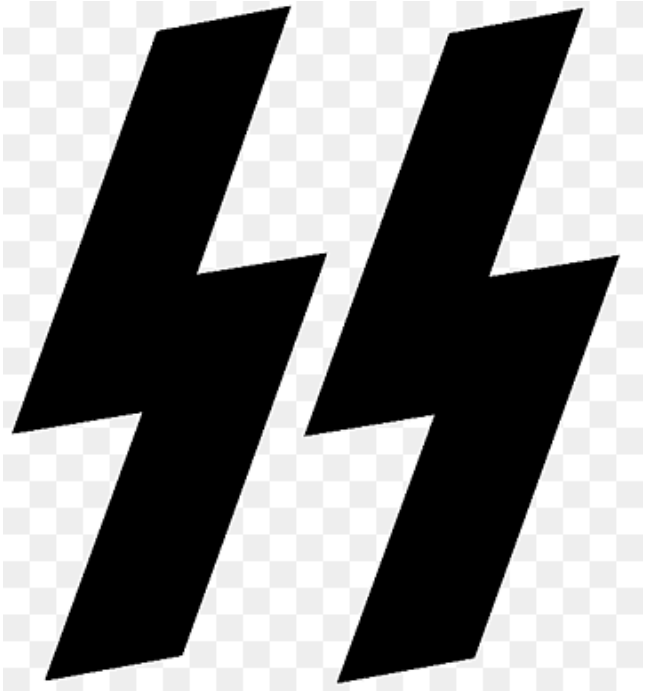
teased by the system, given a glimpse of the outside world, but not allowed to actually go outside. Image: This is what one of the systems of communication looked like for visitors. The inmate would be behind an inch of glass, barely able to see their visitor. Phones were picked up on either side of the glass so communication could be facilitated [Visit].

What kind of People did you meet in Jail?

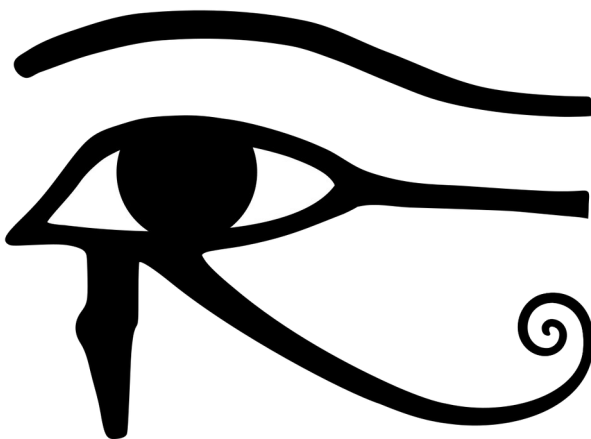
First of all, while I may look back and say I was grateful to have experienced incarceration, there are many who feel the opposite of gratitude. The negative energy in these places is unrivaled by any other environment that I have ever been in. I was surrounded by people who did not necessarily want to improve their lives, and their lack of direction was infectious at times. There were three major types of people that I met in jail. The first type, first-time offenders, consisting of the smallest number of people, seemed to be genuinely affected by the experience, often seeming fearful and remorseful (“scared straight”, some might call it), believing truly that it would be the last time they would ever be in such a place. The second type consisted of people who kept to themselves, stayed very quiet, and tried to avoid contact with others. It is as if they believed their isolation from others and themselves would protect them. For some individuals of this type, this may have been true. The third type, and by far the majority of people, consisted of repeat offenders who had been to jail at least once before. Most of them harbored a great anger. Some of these individuals had an element of pride at the crimes they committed that carried into their incarcerated experience. It was as if it was a part of their life. Some even proudly looked forward to an impending prison sentence.

Many that I interacted with were self-admitted drug addicts. Usually, they were just counting the days until they were released so they could go to their dealer and pick up whatever their drug of choice was. Witnessing this made me question how effective jail was at keeping people from using drugs. There was absolutely no amount of rehabilitation of any kind. In fact, I would wager that putting so many drug addicts in a big room with no cell phones or technology and no motivating factors to get them off drugs may have actually encouraged drug use.

There were a few specific individuals who really stood out to me from my experience. One individual, Mike, was the epitome of a white supremacist. Having only seen pictures of white supremacy groups on television, it almost felt like they did not exist, but now I can assure you, they do. He was a tall and overweight individual, an admitted drug addict, and looked like he was carrying a lot of pain. He took this out on everyone else (about eight people at the time) on the tier, unless he needed something from someone, then he would display a false niceness. His behavior was aggressive, quick to start disagreements, and even got into fights at multiple times. As for proof that he was a white supremacist, he had a lightning bolt symbol tattooed under his eye, and he also had a giant tattoo across his chest that said, "Dirty White Boys." The Dirty White Boys was apparently a prison gang that was formed in 1985 in



Kentucky, but stretched throughout select parts of the United States [Dwhite]. He was proud of his racism, showing off the tattoos to any who would listen. While I was aware that racism existed, I did not know of any proud racists until I met Mike. How would these people conduct themselves in the jail environment depended on the type of people they were surrounded with. In case the reader is unaware, child molesters and rapists are generally looked down upon in jail. Many who do not have these offenses will seek out others that do, and try to attack them when correctional officers are not looking. Mike was one of those people who tried to find these individuals and show them extra aggression. Interestingly, over time, one of the other inmates had looked up Mike's record and found that he was one who had actually been convicted of rape! Being the large and aggressive individual that he was, no one tried to attack him, but from that moment on, he always walked around with his head held in shame. It was not so easy for him to be aggressive to others over time. Image: A hate group symbol, vaguely resembling the symbol of the Nazi party [Lightning].



Perhaps the most interesting and inspiring person that I met in jail was one who went by the name Prince Messiah. He was black, and instead of having a racist tattoo under his eye, he had the Eye of Horus tattooed there, and that symbol means a lot to me. Like everyone else who observed each other upon first meeting, I took note of him over my early days there. He was intelligent, well-informed, and followed a logical pattern. He read from college-level textbooks, and was trying to make the best of his time. In the beginning of my experience, I felt incredibly depressed every day, not knowing when my time would come to

get out, or if I was going to be sentenced to multiple years in prison. As the days and weeks went on, I

started talking to this person more and more, and he would start imparting life lessons on me. He was the greatest source of wisdom out of anyone I met there, and I was truly grateful for his teachings. We eventually grew to a level of friendship, and would exchange textbooks and other materials so that we may help each other learn and grow. After two months, after I went to court one day, I found out that I was going to be released after 90 days. Prince Messiah, who had a history of violent crimes and had just got caught dealing Heroin for his most recent offense, was to go off to prison for multiple years. We stayed in touch, and I actually put money on his account when I found what prison he was going to. He called me from time to time and we had good conversation. I wish I could find this person now so I could say thank you. He undoubtedly helped steer my life in the right direction after I got out of jail. I committed no further crimes since this incident. Image: This is the Eye of Horus symbol that was tattooed under his right eye, which helped increase my level of trust in him before we even got to talking [Eye1].

When forced into an environment with such individuals, it is difficult to *not* be affected by this energy, since humans are usually affected by the environment that they are in. During my longest stay of 90 days in jail, a mental fortitude was required to block out this negativity, but I firmly believed there was no way that I was going to be as productive as I would have been inside the jail cell as I could have been if I were free.

What kind of Drugs were in Jail?

Did you think we would get through an essay in this book without mentioning the consumption of drugs?! Of course not! There were three main types of drugs that I could get while in jail. The first, and probably the least exciting, were legal drugs that everyone has access to: Caffeine and Sugar. These drugs were served on a daily basis in the form of coffee and snacks, depending on which jail I was in, and provided little enjoyment since their effects were so mild. I will definitely not deny that on some occasions, I took the greatest pleasure in consuming these two substances. I would eat something sweet very, very slowly, savoring each bite, relishing in the slightest buzz that the sugar would bring, while enjoying a cup of watered-down coffee. The way coffee was bartered and sold between inmates; one might think that it was Cocaine. Since coffee was the strongest non-prescription drug in jail, and many of those who are incarcerated have a history of drug addiction, coffee was a very popular commodity. When I look back on this now, I am so grateful to be where I am today.

Aside from Caffeine and Sugar, which some may argue are not even drugs at all, legal prescription drugs could be consumed after an appointment with a psychiatrist. From what I remember, almost everyone wanted to meet with the psychiatrist for one reason or another. Most would complain about depression or anxiety in hopes of getting some sort of substance that would make bring them some kind of relief. Occasionally someone would come in off the street, claiming to be withdrawing from Alcohol or Opioids so they would be graced with a few doses of Buprenorphine (Suboxone) or



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Librium (Chlordiazepoxide). I was fortunate enough to come across drugs like these a few times if the person felt like sharing, otherwise the only other drug I took was a weak antihistamine that brought me just the slightest relief. I eventually stopped taking it after a while. *Image: This is buspirone, sometimes given as an anti-anxiety medication. It was sought after by inmates because it supposedly brought feelings of relaxation "similar to Xanax." I tried insufflating this drug multiple times and felt no such relaxation. It was arguably just a waste of time [Busp].*

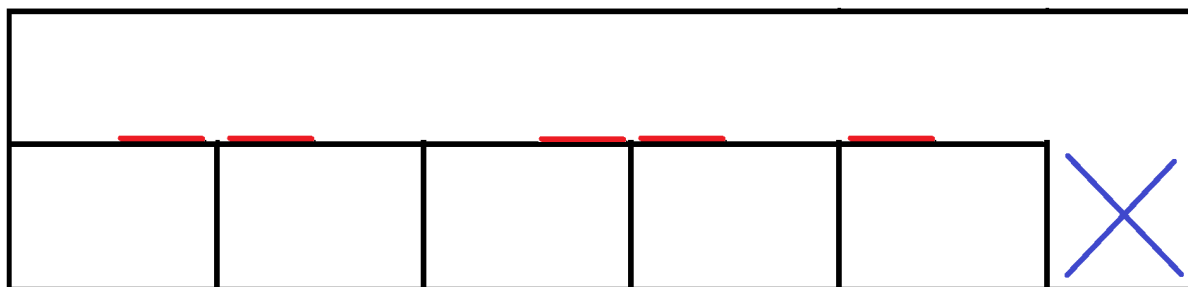
On even more rare occasions, there were individuals who would come in off the street with a rectal supply of drugs. The reason this was so unlikely was that usually the person who came in would have to have had prior knowledge that they were to be going to jail that night so they would have time to create a device that would allow multiple drugs to be safe in the rectum. I was able to take Phenobarbital, Alprazolam (Xanax), and Buprenorphine from various individuals. I also was able to smoke Cannabis and a hand-rolled Nicotine Cigarette. Each time brought some relief from the pain of incarceration. In one extreme circumstance, I remember talking to a current Heroin addict who had come in off the street with a lighter, a metal cap, Heroin, several needles, and Nicotine. I recall asking him where he kept it all, and he just looked at me and said, "Where do you think?"

There was only one time when I knew that I would be going to jail where I smuggled in several bars of Alprazolam in this manner. Having these drugs made the first few days of the experience pass by rather quickly! This was also highly dangerous, as if I had been caught somehow, I could have picked up new charges.

On the topic of Unwanted Sexual Advances

I can remember it well. I had just got brought into my cell the night before after a painfully long arrest process, probably around 10:00pm. Some of the guys were still awake, making remarks about how I was coming in following a popular festival in the area and how dumb I was. I did not sleep well that night. The next day, still locked into my own individual cell, someone comes over shortly after breakfast and leans on my bars and proceeds to tell me he can take good care of me. I expressed confusion, and he brought his voice down low, and conversed about how he wanted me to perform fellatio on him. I politely declined, incredulous that I gave off homosexual vibes by simply walking into my cell last night. He seemed to take it well, but my general comfort about the jail experience did not increase.

In a separate situation, someone had come much closer. To better understand how the next situation played out, I will try to recreate the environment. Please do not criticize me too harshly on my drawing!



This is roughly what the tier looked like. The boxes that have a red line next to it represent the cells and where the doors were to each cell. Each cell held one inmate (there were no bunkmates in this jail). There were more than the five cells pictured, perhaps about seven or eight, but I do not remember

exactly. Every day, inmates are allowed to go outside for “recreation” for one hour a day. Not everyone in the tier will go, and sometimes people will stay behind for whatever reason. On this occasion, it was just me and one other person on the tier since everyone else went out for recreation time. I was showering where the blue “X” was and the only other inmate snuck up while I was showering and proceeded to reach past the curtain and grab my ass. Well! That was certainly shocking! He pulled out his dick and told me to suck it. Again, I politely declined, honored that he found me attractive enough to make an advance in the first place.

Later, after pacing back and forth on the tier for about fifteen minutes, he came up to my cell where I was sitting and told me he was sorry and that it was all a joke.

Yeah. Okay.

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What is it like to be on Probation?

Throughout my life, I have spent a total of about seven years on court-ordered probation. For those who are unaware, a probation sentence is usually given to offenders who commit relatively low-level crimes for their first or second offense. Rather than going to jail or prison, the individual is permitted to exist in the outside world, but often has to meet certain requirements, such as hours of community service, drug tests to prove sobriety, and fines to pay. For many, this is preferable to incarceration, but there are some, when comparing a long probationary sentence (perhaps five years) to a relatively shorter jail sentence (perhaps one year), would prefer to just “Do the time” and not have to worry about someone keeping track of them while on probation. In this case, they would be able to get out of jail and do whatever drugs they wanted to and not have to worry about drug testing. I would certainly place myself in the former category of not wanting to be incarcerated and enjoying restricted freedom in the outside world, but I can understand why some may opt for the latter.



For almost every drug-related probationary sentence, there is usually mandatory drug testing. The participant will have to urinate into a small plastic cup that displays nearly instantly if there are levels of various drugs or drug metabolites in the urine to indicate whether or not drugs were consumed recently. This is only partially effective at determining sobriety, since there are ways to circumvent the validity of these drug tests. Some users will “time the test” where they indulge in drugs on certain days of the week, but abstain on the days before the test, allowing their bodies to naturally clear the drugs. Excess water could be consumed, diluting the urine sample of drugs and metabolites below the threshold of detection on the urine cup. Additionally, there are certain supplements that can be consumed that will essentially mask the

appearance of drugs or metabolites in the urine. For the user who really wants to ingest drugs without detection, they will simply use drugs that are not tested for in a urine test. The most commonly tested drugs on these instant result drug testing cups are Amphetamines (including Methamphetamine), Barbiturates, Benzodiazepines, Cannabis (THC), Cocaine, Opioids (Morphine), MDMA (Ecstasy), and Phencyclidine (PCP). It is possible to test for almost any drug with laboratory equipment, but this usually more expensive, and unless the Probation Officer is suspicious of the use of drugs that exist outside of the instant urine cup, it is unlikely the user will be caught using these drugs. Image: This is what one of the drug testing cups look like. For each strip, there is a drug tested for. If only one line cups up after the urine soaks into the strip, then the cup indicates a positive result. If two lines appear, however faint they may be, the drug test is presumed negative [Drugtest].

Depending on the severity of the crime, there is an agreement that if the conditions of probation are not met to a satisfactory standard, such as multiple failed drug tests or failing to complete community service requirements, the participant may face a “Violation of Probation”, and be sentenced to jail or have to satisfy new probationary conditions. If the participant has no substance abuse issues and wishes

to improve their life, then probation usually does not impede lifestyle to a great extent and can be completed with relative ease. On the contrary, if there are issues with substance abuse and general irresponsibility, completing probation may be much more difficult.

My first Probation was Ineffective at Diminishing my Desire to use Drugs



During my first experience on Probation, since I was so angry and still harbored intense internal conflict within myself, complete abstinence was the last thing I wanted. I still wanted to get high, and now that Cannabis, my favorite drug, could not be used because of drug testing, I discovered Synthetic Cannabinoids. At the time, I felt like I struck gold because these drugs did not show up on a standard urine tests and I thought that these drugs had similar effects to the THC in Cannabis. Unfortunately, this ended up being far from the truth. Frequent and compulsive ingestion of these compounds resulted in me experiencing a minor psychotic episode over time. If the reader is curious, I would suggest doing an internet search about possible psychotic symptoms that may develop from the

excessive consumption of Synthetic Cannabinoids. *Image: This is what a package of K2 looks like. Synthetic Cannabinoids are chemicals that are frequently synthesized in foreign laboratories and then sprayed on plant matter like what is seen above. People usually smoke the material to achieve desirable effects, though the material can also be eaten as well [K2].*

I believe the original intent of Probation when it was created may have been to try to discourage participants from committing other crimes or using drugs while simultaneously encouraging them to improve their life outside of incarceration. This can work for some, but for others such as myself at the time, this program was not effective. Why is that? One would think that because the consequences of failing to complete probation were arguably aggressive, such as a potential jail sentence or more intensive monitoring, it would automatically make the participant want to follow the rules. For me, contemplating the consequences of my actions was not enough to get me to make the changes necessary in my life.

At this time, during my first probationary period, I was struggling. I had just dropped out of college and was left feeling depressed and discontent with my life. I envied the lifestyles of my friends, watching them pursue their dreams and achieve conventional levels of what it meant to be successful. As far as I knew, none of them went to jail or were on

This screen indicates a positive result for opiates and marijuana.



probation. I probably would have benefited from discussing my life and troubles with a therapist, but that was not part of my probationary program and I was too proud to pursue this anyway. As I never handled the unresolved conflicts within myself, I just went through the motions, meeting the bare minimum of requirements for probation, passing mandatory drug tests, and paying fines on time. I still smoked Cannabis on occasion and used other drugs, but I would time my use so that I would have at least a week or two clean before I would take my drug test. I would eat extremely well and exercise vigorously in order to clear what ever drugs and metabolites may be lingering in my body. On this first probationary sentence, I was caught using Cannabis one time, and had to get evaluated for substance abuse. I lied as much as I needed to so that I did not get put in a treatment program. *Image: This is an example of a failed test for THC. In the lower left corner, there should be a line next to the number "3," but instead there is an absence of the line, indicating a positive drug sample [THCtest].*

After two years, I finally graduating after two years. For all the stress that my legal ordeals had caused, one would think that I would be done breaking the law, but of course that simply was not the case.

My Experience in Drug Court, a more Rigorous form of Probation

I suppose my first experience being on probation was not enough, and after getting heavily involved with drugs again a short time after graduating, I was drawn into my county's Drug Court program about four months after my first Probation was completed. When asked to describe exactly what Drug Court is, I usually compare it to probation, but with more monitoring and intensity. The normal sentencing for drug court is five years of monitoring, but with good behavior (paying all fines and passing all drug tests), a participant can be finished in about 18 months. There are four phases to progress through, with decreasing levels of monitoring over time. Phase one requires a participant to report to a courthouse twice a week. Phase two, six times a month. Phase three, three times a month. Phase four, either once or twice a month. For those who first get sentenced to Drug Court, at least in my home state, the participant is usually mandated to an inpatient or outpatient rehab program. I detail my experiences in these programs in the next essay. Following this, they are to report to court twice a week, and can be called in randomly on any day to provide a urine sample. There were some months in the beginning where I would be drug tested five or six times a week!

Many who were on Drug Court did not have a very "recovery first" approach and still wanted to try to sneak around the system and get high when they could. Similar to what I mentioned above, many of us timed tests or ingested drugs that did not show up on common drug tests. I was able to do my first year of Drug Court without using drugs, but then I caved in, six months before I was supposed to originally graduate. It started with some GHB, because I knew that it could not be tested for easily in the urine. I branched out to Alcohol soon after, and then it was not long after where I started to sample a little bit of drugs that could be tested for. I was taking a hit of Cannabis a week, an occasional line of Cocaine, and miscellaneous other drugs from time to time. I had put myself on a pathway of failure.

In Drug Court, at the time when I attended, when a person is caught with drugs in their urine, they are immediately brought to jail for several days, sometimes a week. It did not matter if they were behind on rent or about to lose their job. There were no exceptions. I was brought to jail three times for this reason. In two of these three occasions I was accused of using drugs that I had not actually done, but it did not matter. If the results of the drug test say I failed, then I failed.



There are many who would get caught with drugs in their urine and insist that they had not used drugs, but of course to a probation officer, whose job it is to monitor the participants, they heard us drug addicts tell lies non-stop. In this system, it was our word against the probation officer's, and when the judge heard the stories, he would always shut down the participants. Speaking personally, the last time I was in trouble on Drug Court was when I had a sweat patch on. This type of drug test is quite rare and it is designed to pick up whatever metabolites might seep out the pores of the skin. At the time, I was not using drugs that would show up on this drug test (THC, Opioids, Cocaine, Amphetamines, PCP), but I would still drink, take GHB, and occasionally indulge in other drugs. After my sweat patch was sent off to the lab, I came into court one

day a couple weeks later and was told that my patch test had tested positive for Methamphetamine and Cocaine. I was incredulous, but then I remembered that I had been to multiple parties where these drugs were being used. While I know I did not ingest them, they were all around me, and I might as well have, because I got in just as much trouble as I would have had I used them. *Image: This is what the sweat patch looks like on the arm. It collects drug metabolites in the white cloth, which is then sent off to a laboratory for testing [Sweat].*

Drug Court was designed for those who were deemed to be “chemically dependent” (addicted) with the idea that the participant only committed a crime because they were under the influence of drugs. Instead of facing a lengthy prison sentence (usually 5-10 years), Drug Court was presented as a viable alternative. Instead of completing in 18 months like I had initially planned, thanks to my multiple mistakes, I stretched my time on Drug Court to almost the maximum: five years. Fortunately, after these three mistakes, I figured out that there was no point in taking risks and I was able to graduate. It was a very happy moment for me.

I do not believe that this is the best system to deter people from using drugs. After all, most of the time from what I have seen, people are not addicted to drugs just because drugs exist. They are usually addicted to drugs because they are masking a problem that they do not want to deal with. The fact is using the drug brings easy comfort and quick relief, which seems much more favorable than trying to deal with the issue head-on. Drug Court did not help me deal with my internal conflicts directly, although it did open a door to better be able to cope after I had been sober for a while. In the end, I am grateful to have had this experience because I learned so much about myself, other drug addicts, and the legal system that we are forced to live in.

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I have Participated in five programs for Drug Addiction Rehabilitation

What authority do I have to speak about this industry? The easy answer is that I have the experience. I have been through five drug rehabilitation programs (all court-mandated), including inpatient and outpatient treatment programs, as well as a halfway house designed to assist those who were formerly incarcerated for distributing or possessing drugs. The whole industry is not useless, but I believe vast improvements could be made.

What was the structure of Outpatient Rehab like?

I have been to three court-mandated outpatient rehab programs while participating in my state's Drug Court program. Most of my counselors were shockingly uninformed about drug use. Some had taken drugs before and labeled themselves drug addicts in recovery, but others had just studied them in school. I found I was often the one educating my counselors about the effects of drugs, which was counterproductive, since I was supposed to be the one coming to this program to learn something.



During our group sessions, for many of us attending, it seemed that we were merely just going through the motions. There were a few people who were very motivated to be sober and tried to get the most out of the sessions, but they were in the minority. What I believe removed some of the motivation for most was that we were there by court mandate. I feel as though there is a rather large loss of intrinsic motivation if there is the

threat of going to jail hanging over a person if they chose not to attend. To make it worse, I never felt like I could open up to my counselor about desires I had or drugs I took because if I admitted to drug use, I would have been sent immediately to jail as part of the Drug Court protocol. *Image: Group meetings usually looked like this, where we would sit in a circle and be able to look at each other from all angles [Group].*

There were some lessons learned when participating in these programs, but I must confess that a good amount of time was arguably wasted, because no matter how much a counselor or supervisor told me to make good choices, since I did not want to make the changes for myself, they did not get made. Interestingly, it was only months after completing Drug Court, when I had been away from any and all programs encouraging sobriety, did I truly feel as though I understood what it was like to escape the grasp of addiction.

What was the Structure of Inpatient Rehab like?

Over the years, many have asked me what it was like to experience rehab. It is worth noting that I was at a point in my life where I had not dealt with my internal conflicts, which I believe to be the source of

addiction, which resulted in me still thinking about using drugs or altering myself in some way so that I could cope with life for a majority of the program. In other words, my motivation to get off drugs did not exist throughout the program as a baseline.

As for the actual experience, there were several “classes” to attend each day that were perhaps an hour to an hour and half in duration. There were maybe 25 individuals in each of these classes most of the time. The instructor would talk about issues surrounding drug use, and how, no matter what, we should never use drugs again. I understood where the instructor was coming from, since drugs had brought so much pain and hurt to so many of us, but was telling us to stay away from drugs the best way to help us? I do not think so. I believe many individuals abuse drugs because of unresolved problems in their lives, and it did not seem that these instructors were getting these problems resolved by telling us just how “bad” drugs were.

In addition to incompetent instruction, similar to the negative energy that was observed in jail when I was there, there was a palpable negative energy at this particular rehab. Since the majority of individuals were court-mandated to attend, many harbored deep resentments towards the legal system for putting them there. Some eventually came to let go of these resentments as the months passed at the facility, while others held onto them until their completion of (or escape from) the program. It is difficult to succeed in such a place when a majority of the people consistently have negative comments to make about the program. Sometimes, I would be genuinely trying to listen and get a new perspective for how I might live my life after I left the rehab, but I would have someone next to me muttering at just how bullshit and ineffective everything was. It was disheartening at times. *Image: Why use this picture? This is the best summary of what the average person felt about the program. Many had a sort of “fuck this” approach [Fuck].*



If there were not lectures happening, we would be made to sit in groups and go around in a circle and discuss problems we had with ourselves or just to complain about other people. This did not seem like a very constructive exercise. It can be very difficult to talk about deep-seated issues in a room full of people who try to put on a “tough guy” attitude. I believe the program would have functioned better if there was more individual counseling. At the program I was at, we spoke to our counselors one-on-one once a week for about 20-30 minutes. This did not provide enough time for us to let our guards down and truly open up about what was bothering us.

As for leadership at the facility, many of the counselors clearly enjoyed exerting their power over the participants. From what I recall, many of these counselors and supervisors (except for a very small number) had drug addictions or went to jail at some point in their lives. While this allowed them to relate to some of us on a more personal level, it was clear that some of these experiences in their lives caused them a lot of pain, and instead of coping with it in a healthy way, it was deflected back at us.



Since the building was very old, there was constantly an unpleasant smell. The rooms we were made to sleep in were undesirable and since there was no air conditioning, as the weather got warmer, we would occasionally awaken soaked with sweat. In extreme circumstances, individuals were brought down from the top floor to the gymnasium so they could get some relief from the heat. The food was also quite unpleasant, though not as bad as what was served in jail. Phone conversations were limited to one day a week for fifteen minutes, which left many of us feeling

quite disconnected from the outside world. *Image: This looks somethinglike the bunkbeds that we were made to sleep in. There was only one set of beds to a room, however [Beds].*

Overall, I believed this specific program I attended was not effective in diminishing the rates of addiction for most of us. Out of my “class” of perhaps 200 graduates, I believe at least 10 of them have passed away to drug overdose. Many more I know are out using at least one drug. There needs to be a massive renovation of procedures in order for places like these to function successfully.

What was a Sober-Living Halfway House like?

Immediately after leaving my inpatient rehab facility, I was ordered to go to a halfway house to live for six months. I was feeling quite motivated to be sober from drugs at the time and there was nothing that could stop me from graduating from the house. The unfortunate part about living in a house with 15 other addicts who are supposed to be clean from drugs is that some of them do not want to be clean and would be doing drugs whenever they wanted. After only three days there, I had a friend of mine offer me LSD and Ketamine. I politely declined because I just



wanted to finish the program. Still, I had not dealt with my internal conflict and so, instead of turning to drugs as an escape, I turned to other things to try to numb the pain I had buried inside: Nicotine, exercise, and binge eating. *Image: This is the picture of the actual halfway house that I stayed in for six months. The greatest number of people that stayed there at any one time could be 20, but due to varying rates of graduation and relapse, the average number was usually about 12-15 [Goog].*

Clearly, I was not getting the help I needed at this house, and if possible, my counselor was even more incompetent than any other that I had had previously out of every program I had been to. He often was on a power trip, looking to put people down and make them feel bad about themselves. Whenever there is an element of one human being having control over others, there will likely be disharmony. I hope that the guys that are still living in that house are being treated more respectfully than when I was there.

Overall, the experience itself was actually not all bad. Fortunately, we were allowed to work. I participated in physically taxing jobs, like being a mover at a moving company and landscaping. The work was hard, but the pay was reasonable, and since we did not have to pay rent, I was finally able to start saving money for the first time in my life. It was a bit of a late start to life, but I really feel that the saying “better late than never” definitely has some merit.

A brief Note about Narcotics/Alcoholics Anonymous.



Since Narcotics/Alcoholics Anonymous (NA/AA) meetings were required for Drug Court, I attended several over the years. I do not consider addiction a “disease” like these programs do, and therefore it is hard for me to subscribe to what they are preaching. I will definitely acknowledge that these programs will work for some people. In fact, I have several friends who have successfully maintained sobriety after following the characteristic 12-Step program. NA/AA’s biggest advantage is that it is free to attend, and I would still recommend it to the struggling addict or alcoholic, especially in a time of crisis. These meetings were a good resource for people to come to and vent about how they really felt during life and their desires to use drugs. *Image: This is the logo for Narcotics Anonymous [NA].*

I am most grateful that I got to attend these meetings because some people’s stories were so emotional and interesting. I learned many lessons and even carry with me some important values that were discovered at these meetings.

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My Feelings about the Legal System

How do I *really* feel about all this?

As I have a quite a personal history with the legal system with regard to drug use, I believe my passion for trying to make a change is higher than the average person.

I feel as though my perspective of the situation is quite different than average. The average person hears some statistics about drugs, and automatically believes that it is the drug that is the source of the problem. It is rare that we look at the issue behind the drug use. Why do people feel the need to turn to a drug in the first place? Why are they not simply happy on their own? The problem is the society we live in.

But then, why do we punish them with arrest and incarceration? That obviously does not solve the problem of why they are using drugs in the first place.

As for drug dealers, they are just trying to make money. Is it really so wrong? Allow me to try to give you different perspective on this. How about the factories in China that pay essentially wage slave rates and have suicide nets to keep people from jumping out. Yet we keep buying chinese merchandise. But we do not arrest those who run the facility. What about the coffee plants in Brazil and etc etc slavery. Chocolate, another slave mined food-drug. But we do not arrest the individuals responsible for running these industries. They have even admitted in some cases, that they knew about having slave workers!

Also, we live in a society where not everyone can go to college to get a job to make money to start and care for a family. And isn't that part of what it means to be human, anyway? The need to care for and nurture a family structure, in addition to making the world better for the rest of the human race? If someone needs money, it just makes sense that they could turn to drug distribution as a form of income.

There is a bit of an issue of those suppliers who knowingly provide their customers with impure product that is lethal at times. But now I believe it is not usually the drug dealer's fault they have impure product. It comes from their supplier, which again,

How do the drugs get here in the first place?

With all the technology that we have that exists today, where government organizations can listen to any device at any time, the ruling class of humanity already knows that drug trafficking is taking place. I believe that they are letting it occur on purpose. As was stated in the opening of this book: The drug trade is the second most lucrative industry in the world after weapons. I believe that drugs are kept illegal for monetary motivation. More money can be made with illegal drugs. This then begs the question, what if it is government organizations trafficking the drugs? Is this right or wrong?

And hypothetically, let's say it is the government organizations trafficking the drugs, why would they allow so much Fentanyl to enter the drug supply? When I was told by a police officer that 97% of deaths are from Fentanyl overdose near where I was living in New Jersey, I cannot grasp the concept.

It always comes back to the same thing – Money. It is all about money, and having more of it for those in power, and taking as much of it as they can from those on the “bottom”.

People come up to me and say, "Well you broke the law, you got what you had coming to you!" To them, I ask, "What if the laws are wrong?"

Part 4: Some Suggestions for Solutions to Facilitate Conversation on a Larger Scale

What do you mean “Getting High without the Drugs”?

The initial impression of such a question may be confusion. Indeed, it is a little bit misleading to call it “getting high” when there are no external substances involved. Perhaps a better name would be “altering the mind without the use of external substances,” but that just did not flow as well for an essay title! Many believe that drugs are the only mind-altering substances, but this is not the case. There are actually many ways to manipulate the brain without the use of drugs. The purpose of this chapter is to generate awareness for those who might not know about such methods. In line with the argument of drug legalization, I believe it will be important to make sure that people are aware of these other methods so they do not always feel compelled to turn to drugs when there is a desire to alter the mind.

The list of all the ways that this can be done may consist of hundreds of activities, depending on how a person contemplates this. I will pick out eight of what I believe to be the most powerful ways to alter the mind: Breathing, Meditation, Healthy Diet, Fasting, Exercise, Sex, Conversation, and Positive Thought.

There is a lot of stress and sadness in the world. Please remember, that instead of looking to an external substance, sometimes simply taking a deep breath might be all you need.

Breathing: Experiences with Various Breathing Exercises

I first learned about altered states of consciousness from breathing by researching Wim Hoff, who is also known as the Ice Man. He is known for a breathing technique that essentially allows him to be subjected to periods of intense cold without succumbing to traditional effects of hypothermia. After watching several videos about him, I decided to give it a try!



Essentially, the method involves the user taking deep breaths in and out for about 30 repetitions. Then, the person will exhale almost completely and hold their breath. At first, I did not believe that it would be possible to hold my breath after I had exhaled fully for any amount of time, but I was pleasantly surprised! This breathing strategy is repeated several times consecutively. With a little practice, the breather may experience intense relaxation, general euphoria, and an increase in motivation. I admit I have not practiced this type of breathing in a while,

but when I was in the habit of doing it on a daily basis, I felt very optimistic about my life. *Image: This is Wim Hoff, after completing a meditation in the freezing cold. He is also known for running a marathon in the Sahara without using water and climbing Mount Everest in just a pair of shorts [WimHoff].*

Another breathing exercise I tried consisted of essentially an hour-long hyperventilation session. Medical professionals may caution against this, saying it is unhealthy, but I seem to have survived. I was

told ahead of time that there could be feelings of constriction in my extremities, and that I may experience a sensation of “rebirth”. Indeed, the type of breathing exercise I was following was called “rebirthing”. The breathing intensity was supposed to alter brain chemistry enough to trigger memories from the past. Personally, I did not experience this effect, but I did feel a very cleansing feeling as the activity progressed. My extremities did seize up, and I felt as if I was under physiological stress, but it was not negative. I may have let out a few involuntary sounds throughout the experience. I would like to repeat this activity in the future to see if I could derive a greater benefit.

Meditation: Descriptions of several profound Experiences that I had

I have been getting into a 30-minute a day daily meditation habit for several weeks now at the time of this writing. My method consists of me sitting still in a comfortable chair with as little movement as possible. I breathe slowly without constricting stomach flow. I try to do belly breathing as much as possible. This usually creates feelings of relaxation. For the most part, I allow my mind to wander, but usually bring the focus back to my breathing if I feel my thought processes are not productive.

The most recent intense experience I had followed a 40-minute meditation session. I had awoken in the middle of the night and could not immediately fall back to sleep. So, at around 2am, I decided to go to my meditation chair in the living room and begin my daily meditation session. Even though I was semi-conscious I had passed the 30-minute mark, I pushed a little further. Something was telling me to do so, it seemed. After the 40 minutes was up, I came out of it and felt very



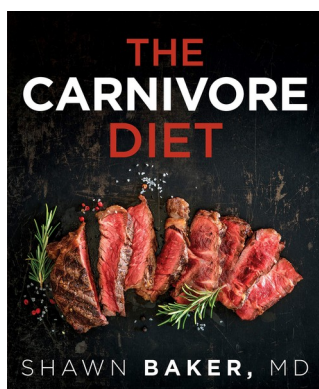
exhausted! At this point, I returned to bed to get perhaps a few more hours of sleep. I can recall laying on my side, and easing into rest, but it was as if I did not pass fully into sleep. I had what felt like a dream, but it also felt semi-real. I was watching one of my favorite movies depicting one of my favorite actors run as fast as he could. Then all of a sudden this “movie” faded out and a giant eye appeared in my vision. My whole body began to vibrate and I feel as though I came alive! There was pressure in my shoulders and through my chest, but it was vaguely pleasurable. I was more confused than anything. After this experience, I woke up, and immediately went to my computer and began working hard on any and every task to advance myself into my ideal future. It was miraculous. *Image: A person meditating [Medit].*

On another occasion, I had carved out several hours for a meditation session. I did not know exactly how long it would be, but I was determined to make it for at least a few hours, with a goal of four. The longest I had meditated previously was about an hour and a half. This time, I was able to go for almost three hours. There were a few twitches and changes of position, but definitely also a few long-term (30-minute+) stretches where I was completely still. There were many thoughts and experiences that were felt during this, and it felt incredibly empowering. I did it naked so as to perhaps get more in touch with myself, and I believe I did. Although I emerged from the meditation a bit tired, life appeared clearer to me and I was infinitely grateful to be where I was.

Eating Healthy

The definition of what a proper diet varies from person to person. Some may flourish on a completely raw vegan diet, while others may flourish on a raw diet of all animal products. For me, most recently, I have been thriving on a purely carnivorous diet. Currently, I eat about two pounds of beef a day (usually raw), and rarely do I eat anything else. If I do, there are usually no carbohydrates present. I may stretch out to other beef products such as beef liver or bone marrow. Rarely do I eat anything outside of my dietary restrictions.

I confess that I have never felt better. There are parts of my life that are going quite well for me at the moment, such as the progress on this book, but I believe that the way I am eating has helped me feel even better. I digest food well, where I used to have GERD or acid reflux which caused great discomfort. I sleep better and for a lesser amount of time and feel rested, where when I ate a traditional diet my sleep would be much less restful. My sex drive is higher. My emotions are more regulated. My focus and attention have increased.



Are all these positive effects a direct result of the way I am eating? Perhaps not, but what I do know is that when I eat food that is deemed “unhealthy” I feel unhealthy, both in body and in mind. High-Sugar foods like cookies, candy, and cake will give me a drug-like high for a short period of time, then cause indigestion and make me feel generally dysphoric. If you are someone who might be susceptible to the psychological effects of poor diet choices, I invite you to take notice of how you feel after you eat certain foods. Over time, you may notice what makes you feel good or makes you feel bad, and then you can subsequently add in more good foods or take away more bad foods. *Image: This is a controversial book that I read to become informed about this diet. If you decide to read this, make sure you do your own*

research outside of the book [Baker].

Fasting: An experience with Dry and Wet fasting – Seven Days without calories.

Going in quite the opposite direction of eating, fasting is another way that the mind can be altered. I have gone for brief periods of time without food or water before. The longest without either food or water was 60 hours. The longest without food was perhaps 70 hours. Being the curious person that I am, always enjoying experimenting on myself, I decided to embark on a 7-day fast. I had been doing a water fast (no food/calories of any kind) one day a week for the last five weeks. I also have not been having any carbohydrates so I was already in a “fat-adapted” state. My goal was to see if I could improve digestive health, as well as cut a few extra pounds of body fat to increase my overall attractiveness.

The day before the fast began, I loaded with sodium bicarbonate (baking soda) and magnesium glycinate early in the day. Later on, I ate a larger meal than average, not knowing how long I was going to try fasting for.

On the first day of the fast, I was set in my mind that I would not drink anything or eat anything. I was determined. Interestingly, I was confronted with a very stressful event



that almost made me give up early, but I did not let this bother me. My mouth started getting a bit dry as the day went on. There were some cravings for food and water, but they were easy to ignore. My sleep that night was longer than usual – about eight hours (I usually sleep 5-6 hours). *Image: This indicates the struggle with early attempts at dry fasting, as a person tries to acclimate to no food or water [Dry].*

I actually awoke in good spirits the next day, but a little low on energy. My husband asked if I wanted to play tennis – it is one of the few activities we have a mutual enjoyment for. We usually play once a week, and I do not think I have ever turned down the opportunity when he asks me. I thought about it, wondering if my lack of food and water would impact my performance, and decided to go for it! I still had not consumed anything, and I kept true to that for the duration of the match (2.5 hours). We play vigorously, sometimes having long rallies of 20+ shots. We do not take more than a couple minutes break between every few games.

I was shocked at how focused and attentive I was. It was as if an energy was summoned from somewhere that I did not know. My shots were landing in more often than usual. My serve was better. I did not hit the ball into the net as much. I was blown away! To make things even more exciting, I actually beat my husband 2 sets to 1! For the last 6-8 (or more) matches, he has beaten me 2-1 or 3-0. He even commented that I was playing at about an 8/10 level when I usually play at about a 5-6/10. He acknowledged that he was not playing badly, and that I was just playing well. I was amazed.



As for the “drug effects,” after we finished playing, I was positively euphoric. I had a light head buzz, and was generally in good spirits. Winning would usually have done that to me, but there was something different this time. My body felt light. I felt calm and tranquil. If I could compare the sensation to drugs that I have taken, I would say the feelings were perhaps similar to 1/10th of a Cannabis high, 1/10th of a Ketamine high, 1/10th of an Opioid high, and 1/10th of an Amphetamine high, but without any of the toxic side effects, besides dry mouth and dehydration. After two and a half hours of exercise, I became very aware that I had not drank water. I did my daily run of one mile, then broke down and had water. I had been dry-fasted for about 44 hours. I must tell you that the appreciation for water increases exponentially when you have not had it for many hours. It is truly a gift of life. I cherished it. *Image: Please note, I did not read this book, but some of the information in this linked source about the "high" from fasting may be useful [High].*

I had perhaps 9 cups of water total that day. I used Gerolsteiner brand electrolyte sparkling water to replenish lost resources. It felt good. I was in a good mood for the rest of the day. Eating was easy to avoid with mental determination.

Today, as I am writing this, it is now day three. I have had an almost Amphetamine-like focus all morning. My writing has been exceedingly productive. I feel focused. I feel mildly euphoric. The energy necessary to accomplish tasks comes with ease. There is little reservation about getting any activities done. Little time is spent in distraction. It is quite surprising. There is lingering hunger and thirst, but when I go into the zone of focus, I can ignore these desires. After a three-mile run and my daily pushups and pullups, I felt a euphoric high. Music sounded more pleasurable I didn't much desire sex, but when

my husband suggested it, I was down. I thought I would be unable to orgasm, but the receptive anal sex probably helped for extra stimulation! The amount of ejaculate was less than normal, even though I had not ejaculated for several days, but the orgasm intensity was seemingly increased. It did seem to deplete my energy a bit, though that could be attributed to the fact that I still have not had any food or water today.

I awoke today (day 4) feeling a bit weaker. I drank several bottles of sparkling water last night, and interestingly weighed 0.2 pounds more than I did the day before! I guess water weight can be held. My sense of smell is *very* sharp, though my reaction time feels slightly slowed. Accomplishing tasks still feels easy and automatic. I am a bit colder today, from obvious lack of nutrients. Mood has fluctuated, but is mostly positive, with occasional bursts of euphoria. Surprising amount of stomach gas. My focus was intense. I wrote 20 pages in my book when I usually do 7-10 a day. While driving, I felt like I could see the path I was going to take before I knew which path to take – it's hard to explain.

Today is day 5. I dry fasted yesterday and had vivid dreams last night. I kept the dry fast until 40 hours passed, then drank some water after doing my daily run and pushups. After playing tennis in the light rain and wind, I was feeling a bit cold, and since I was with two friends who decided to have a large meal, I ended my fast. I started out with food I was used to (beef on carnivore diet), but then had some junk food after. I awoke in the middle of the night not feeling well! Lesson learned – be kind to yourself when breaking a fast. Overall, I felt rather wonderful the whole time and could easily repeat the experiment again.

Exercising

This is one way to alter the mind that most people are already aware of. Many have heard of endorphins that are generated from exercise and how they elicit happiness in humans. From a biological standpoint, having endorphins increase pleasure when a human is performing physical activity is advantageous, so if they are on the hunt or outside looking for edible plants, they will be motivated to continue doing so. If expelling energy caused feelings of negativity, there may not be very many humans because they would not be motivated to do anything!

I run at least one mile every single day. I never skip a day. It has been this way for about a year now. The streak of time that I have been running would be much longer if I was without injury or had been able to stay out of jail. This run provides me a little boost in mood every single time, without fail, unless I was feeling extremely sick. There were times when I was feeling dispirited and dejected, but a nice run helped pick me back up or clear my mind. Usually, for me, the longer the run, the more the enjoyable effects are noticeable. Running does not necessarily solve problems, but it can certainly be helpful at reorienting focus. There is also a feeling of uniting the body and mind with vigorous enough activity. I would suggest to anyone who does not exercise on a



regular basis to get moving! It might just change your life. *Image: A rather silly picture depicting how one can get a runner's high* [RunHigh].

Perhaps the most accomplished physical feat that I endured was a barefoot and naked non-stop marathon on the beach. It required a tremendous amount of mental and physical strength, but I was able to finish in a little less than five hours. The feeling of exhaustion that followed was extreme, but oh my, was my brain on a euphoric high. It felt as if there was nothing that could cause negativity for me. I was happy about everything. I called friends I had not spoken to in a while and chatted with them. I sent some happy text messages. It really felt as though I were on some type of drug. My brain was rewarding me for the activity of my body.

Sexual Intercourse

What is the proper balance of sex for pleasure versus for procreation? I definitely do not have the answer to that question! What I do know is that sex, and particularly the experience of orgasm, can have a powerful mind-altering effect on a person. Interestingly, this is the only non-drug experience I can think of where the height of the experience comes when a substance is being excreted from the body (not counting air or sweat).



There is an emotional connection that can be had during the sexual experience. Close contact alone has been shown to be quite beneficial for the human mind. The close intimate touch of another allows for the release of feel-good hormones in the brain that encourage further closeness. Depending on the level of honesty, respect, and openness between

partners (or groups), this emotional response can grow to higher levels, and allow for a more enjoyable sexual experience. *Image: Depicted are two spirits intertwined. I will not pretend that I can relate to this directly, though I believe some readers can* [Spirit].

Orgasm is also usually a part of a sexual experience. Similar to drug tolerance, what I have noticed is that the more frequently I orgasm, the less pleasurable it is. If I am able to go days without orgasming, when I eventually do, it is a much more profound experience. In one extreme circumstance, I had a friend tell me that they ejaculate at least five times a day. I was shocked. I wondered to myself if he was deriving significant pleasure at all, or just depleting his bodily energy. If you are someone who orgasms frequently every day, I would consider going without orgasming for a period of time. This may be

difficult if there is a pornography addiction or other type of sex addiction. There is a Reddit forum dedicated to reducing orgasm frequency that may be of interest to some [HERE](#).

Having a Conversation with Someone

This one will sometimes get questionable looks from people. People often ask for specifics, “What do you mean, having a conversation?” From my experience, the effect of conversation can have stronger effects than many drugs that exist today. This is not true for everyone, but when I think to some of the most intense emotions that I have felt, they usually follow a conversation. This is best illustrated with examples:

A friend tells you that another friend has died.

Hearing this statement will elicit many responses from the body and mind. There will be physiological reactions, such as an increase in heartrate or perhaps sweating. Others may feel very cold or very warm. Psychologically, anger will usually be felt first, followed by sadness and perhaps depression. The effect of this statement is profound! I do not know of any drug that can make a person feel the same way as hearing bad news from another person.

The car dealer tells you “The car is yours” and hands you the keys



Speaking from past experience, the feeling of when I was handed the keys to the first new car that I bought with my own money with cash filled me with a satisfaction that nothing else has. I felt accomplished, proud, grateful, and hopeful. The euphoric rush was indescribable when I first sat behind the wheel. There are

countless examples of hearing good news which triggers these positive effects in the body. Image: This is the first car that I bought with my own money, and I did not have to take any loans out to do so. It was a wonderful day [Car1].

If a person is feeling down, they may just need to speak to another person. Be aware that words have a magic that is unrivaled by any external substance. Be observant of others who may need someone to talk to. *You* may just be the drug they need to make them feel better!

The Power of the Mind

Never underestimate the power of the human mind. There is a great video that I would recommend watching, where Dr. Joe Dispenza teaches us how to use the power of positive thinking to influence our future, [Here](#) [Joe]. He tells us that the more we focus on what we want for our future, and the path to get there, the greater the likelihood we can manifest it. It makes sense, because on the contrary, if we focus on negative memories, we manifest a negative energy that makes us think about these things more and feel generally unpleasant. It does take some practice to get into this mindset, but if you try it, it may be very worth it for you. I know his exercises have helped me tremendously.

Hopefully I have given you some techniques to improve your quality of life and mind without the use of drugs.

Peace and power to your mind, body, and spirit.

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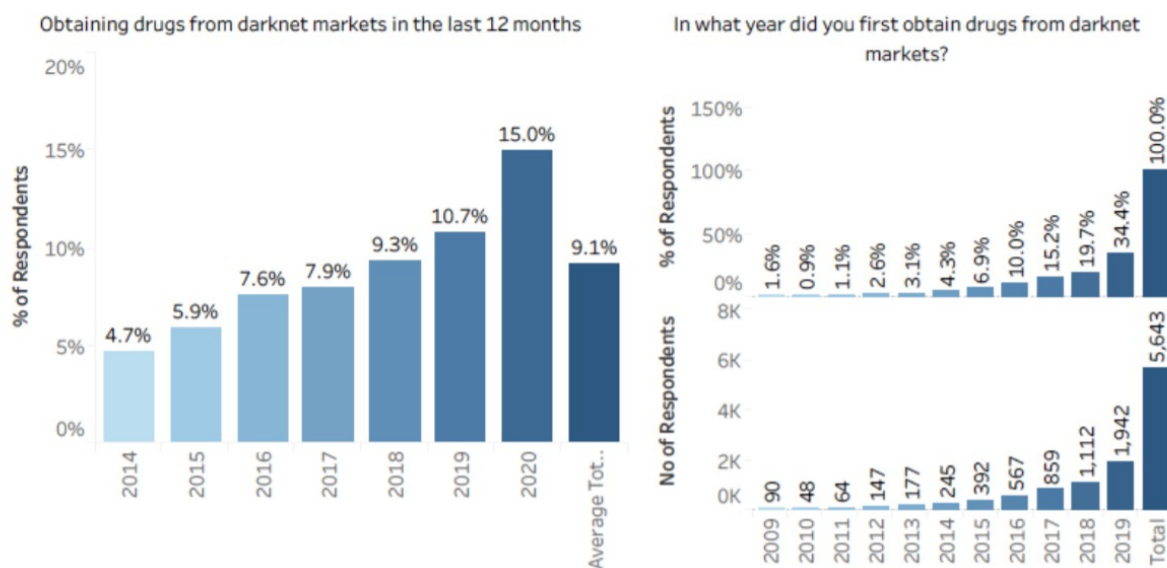
WimHoff

<https://www.wimhofmethod.com/practice-the-method>

The Importance of having an Online Resource or a Clinic where users can test their Drugs and post the quality of the Substance.

The Majority of Drug users Purchase Drugs on the Street with Unknown Quality. A Resource is necessary to Increase the Safety of the Consumer.

While the last essay which discusses the purchase of drugs online, this is uncommon. According to Global Drug Survey 2020, the number of users who reported purchasing drugs on the internet has increased sharply.



The number of those who have purchased illegal drugs at least one time raised to 15.0% in 2020. While this may seem like a large number, it must be remembered that the participants in the Global Drug Survey are using more computers more frequently than the average drug user. Other useful statistics to help better appreciate the data: 66% of respondents were male, 52% were under the age 25, 78% were under the age of 35, 87% were white, and 38% had at least an undergraduate degree. This does not describe the average population of drug users, so take the above data with a grain of salt.

Undoubtedly, the majority of drug purchasing will remain on the street for the foreseeable future. What is the best way that quality can be controlled after legalization but before regulation? I believe a website or convenient cell phone app that people can go to where they can post about what drug they think they purchased, where it was purchased, and what they believe it to be. The format might look something like this:

Substance Believed to be Purchased: Ketamine

Location Purchased: South Philadelphia, PA, near Queen Village

When was it Purchased

Estimated Quality: 4/10

Comments: It seems that this drug contains some other dissociative drug. Does not feel like Ketamine! The dealer looked to be a middle-aged white woman who was short and overweight. Reagent kit did not test for Ketamine at all!

Picture(s):

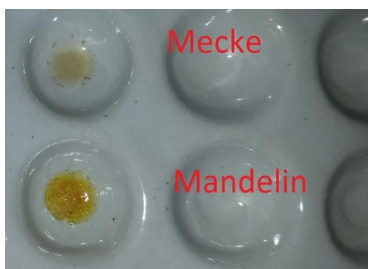


Image: Stock photo of a bag of Ketamine [KetPic]. Pic of negative reagent test for Ketamine [RedPic].

Or in a worst-case scenario...

Substance Believed to be Purchased: Heroin

Location Purchased: West Hollywood, CA, near Santa Monica Boulevard

Estimated Quality: 0/10

Comments: This was pure Fentanyl! A friend of mine sniffed ONE BAG and overdosed and died!!! STAY AWAY! The guy who sold it to me went by the name Paulo!

Picture(s): Stamped Bag



Image: Stamped Heroin bags can have various forms of artwork on them [HeroBag].

It would take a drug user perhaps two-to-three minutes to construct this type of post, snap a picture, and post it to the website or app. The benefit could be far-reaching. Users could browse by zip code, location, or drug type and quality. Users would also be able to post follow-up comments, asking questions of the poster, such as about what the supplier looked like, and what other drugs they may have.

Assuming there are basic levels of success with this format, those who use the website or app can be incentivized to post reviews. Perhaps for every review they post they get three points. If the review gets a comment, they can be given five points. People can also rate the quality of the review, letting the reviewer gain more points. These points can later be redeemed for rewards in the future. There may be some who go around and just purchase drugs from street dealers for the sole purpose of testing them, either personally or with reagent kits. Since the actions of these individuals would be purely benevolent and also slightly risky, perhaps they could be compensated financially.

What are some Disadvantages to having a Resource like This?





The situation that I just described is definitely a bit too idealistic at the moment, though after the initial phase of legalization, I believe that things could potentially unfold this way. Of course, such a basic way of posting drug reviews to the internet is vulnerable to corruption.

Possibly the most obvious example of this is that drug dealers will just create posts about their product as a form of advertising. I believe I know several greedy individuals that would definitely do something like this in order to increase sales of their profits. Unfortunately, with the method that I described, there would be no way to prevent a dealer doing this. The only defense against this would be if there were several users who had sampled the product independently and then could post reviews that received good ratings from other viewers. Even then, how would you know what the truth was? Dealers could pay people to spam reviews for them. In order to weed out competition, dealers may even leave intentionally bad reviews for their competitors. Evidence of this can be seen online on darknet markets. Those who are competing for large volume sales will buy a small amount off a high-ranking competitor and intentionally leave bad feedback. If the darknet is any kind of model for how this may work on the street, then these forged reviews are rare.

In the beginning, it will be hard for the consumer to figure out who to look to safely. Over time, I believe that some dealers will gain a positive reputation which will attract a large volume of customers. Other dealers will either have to locate higher-quality product, or stop dealing, since they will not be able to compete.

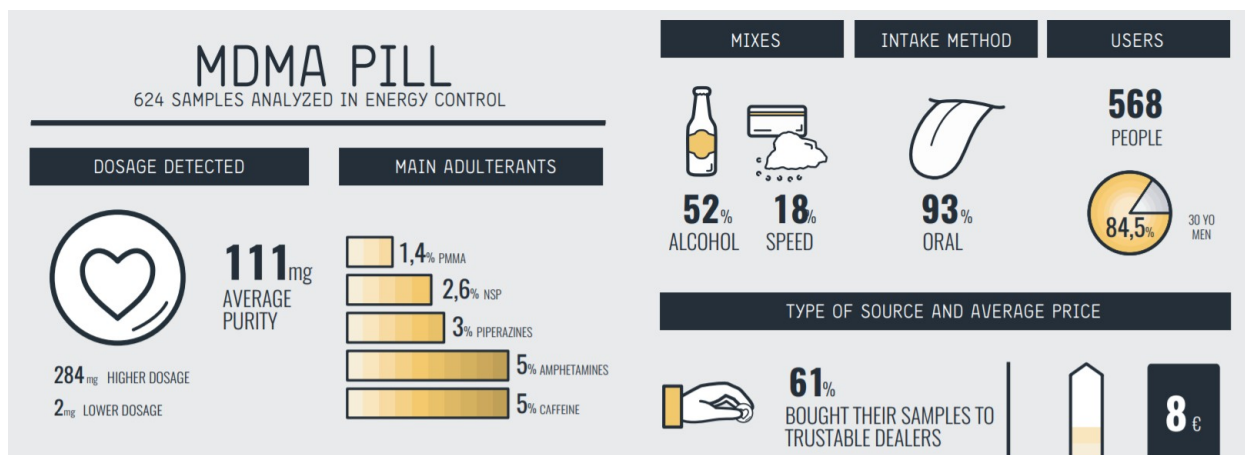
Samples of Drugs Should be able to be Mailed in at Reduced Prices

Currently, there are several ways that drug users can send in small samples of their drugs to organizations that run laboratory tests on the substances to determine if there are adulterants in the product. In the United States, perhaps the best organization is www.DrugData.org.

Photo	Sample Name	Substance	Ratio / Amounts	Date Published	Date Tested	Location	Data Source
	LSD Blotter Code: Q1975 Sold as: LSD	• LSD	• 1	Mar 09, 2021	Mar 09, 2021	Portland, ME	DrugsData (EcstasyData)
	IP 110 Code: LC72 Sold as: Oxycodone	• Acetaminophen • Hydrocodone	• 35 • 1	Mar 09, 2021	Mar 09, 2021	Los Angeles, CA	DrugsData (EcstasyData)
	White Powder Code: 96SCH Sold as: MDMA	• MDA • MDMA	• 1 • 1	Mar 09, 2021	Mar 09, 2021	St. Louis, MO	DrugsData (EcstasyData)
	MDMA Code: GGL911 Sold as: MDMA	• MDMA	• 1	Mar 09, 2021	Mar 09, 2021	St. Louis, MO	DrugsData (EcstasyData)
	Cocaine Code: INSAMG Sold as: Cocaine	• Cocaine • Methylecgonidine • Tropacocaine	• 1 • trace • trace	Mar 09, 2021	Mar 09, 2021	Online	DrugsData (EcstasyData)

This website is extremely useful for determining if there are any active cuts in the drug that was purchased. For instance, it can be observed in the picture above, on the third line, that someone acquired what they believed to be MDMA, but really the drug was cut with a 1:1 ratio of MDMA to MDA. It would be near impossible to determine this without expensive laboratory equipment, such as what is found at Drug Data. The last example given is for a sample of Cocaine. According to the ratios, the drug that was mailed in seems to contain a majority of Cocaine, with only trace cuts of Methylecgonidine and Tropacocaine. Again, not even the most advanced reagent kits would be able to discern if there were adulterants in the drug that were so little in volume.

Another good source of drug purity information is Energy Control, which operates out of Spain.



This is from a report in 2015 that indicates the difference and prevalence of adulterants in various MDMA/Ecstasy pills. According to this data, it seems that the majority of people taking MDMA were not taking a drug that had any cuts to the product, were mainly male, and mostly took the drug orally. Energy Control provides a lot of great information for individual samples, although Covid has disrupted their operations to some degree. *Image: Picture from the 2015 report by Energy Control [Energy].*

While having resources like this is very beneficial to drug users, there are multiple disadvantages to these services. For one, they are relatively expensive, especially for those who may have drug addictions and spend a lot of money on drugs – not leaving enough to spend on expensive drug testing. At Drug Data, they charge about \$100 to test a pill and \$150 to test a powder or capsule. Energy Control has similar rates, but a wider variety of testing options. The more expensive the test, the more information is disclosed about a particular drug. Additionally, results do not come back for a period of time from these laboratories. Aside from the high prices, the user will have to wait days or weeks until a sample is analyzed. After this period of time, a dealer could have sold contaminated drugs to hundreds or thousands of people and no one would have any idea of the possible impurities until the results of the test came back.

In order to best combat these problems, I believe that more mail-in services should be available, and the cost should be dramatically reduced. Instead of having government spending going to law enforcement to arrest people for drug “crimes,” money could be distributed to services like these to improve the overall safety of drug users. After results are supplied, they can be posted and cross-verified with the laboratory on the website or app that was mentioned in the first part of this essay. Within a short period of time, dealers with impure or dangerous product will be weeded out by competition that provides consistently positive lab results.

What would be more ideal is if there were local testing facilities that people who purchase street drugs could turn to...

Money can be Deviated from law enforcement to create Clinics that will test Drugs for people to ensure Safety.

While this will likely be later on in the steps of drug legalization before regulation, it is something that could be in the works in major cities early on, where human populations are the largest. Facilities could be erected that have the capabilities to do at least basic testing on common street drugs to ensure that what is being used is safe for the consumer. The laboratory equipment for advanced testing can take up

a lot of space and be very expensive, but the importance of having these services cannot be understated.



Since this will take a while to setup, in the interim period, there can be reagent testing facilities that use simple and relatively inexpensive reagent tests to test drugs. These tests are not very accurate and oftentimes are unable to discern if there are any active cuts in the drug. Still, this level of security would be better than having drug users ingest whatever they purchase without any regard for what the substance might be. This idea spawned from a trip I took to a clean needle exchange program to get the syringes for my intravenous Heroin experiment. Everyone at this facility was very

helpful and informative. The supplies provided were useful and encouraged harm reduction. It is my dream that the quality of people worked in this place could be available at these types of drug testing facilities that I envision for the future. *Image: This picture depicts the Mecke, Mandelin, and Marquis reagent testing kits. From my observation, these are the most popular kits available today [Kit1].*

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Early-Stage Distribution can be done over the Internet

What do you mean you can already buy Drugs Online today?

In case you do not know, there are already online drug marketplaces where people can buy drugs. They function much like Amazon.com does, but obviously with added layers of security.

The screenshot shows the Silk Road anonymous market interface. At the top, there's a navigation bar with a camel logo, the text "Silk Road anonymous market", and links for "messages 0", "orders 0", and "account \$0.00". Below this is a search bar with a "Go" button. On the left, a "Shop by Category" sidebar lists various items with their counts: Drugs (8,670), Cannabis (2,066), Dissociatives (165), Ecstasy (660), Opioids (591), Other (455), Precursors (50), Prescription (2,146), Psychedelics (981), Stimulants (1,102), Apparel (264), Art (127), Biotic materials (1), Books (861), Collectibles (5), Computer equipment (32), Custom Orders (68), Digital goods (509), Drug paraphernalia (305), Electronics (77), Erotica (540), Fireworks (2), Food (9), Forgeries (81), Hardware (23), Herbs & Supplements (8), Home & Garden (8), Jewelry (54), Lab Supplies (71), Lotteries & games (77), and Medical (57). The main area displays a grid of 12 product listings, each with an image, a description, and a price. The products include: 1g MDMA 82%+ High Quality -Made in Germany- (\$1.30), 50 gr. Crystal MDMA Rocks (\$23.33), Valium 10mg/ Diazepam (100 Pills) (\$2.32), 3g XxX AAA QUALITY WEED,AMAZING (\$0.98), Kamagra jelly (India), 1 week pack (\$0.98), Honeycomb Wax (85+% THC) Fully Purged (\$1.45), 1 gram * Moroccan Hash * DUTCH QUALITY (\$0.27), Citalopram 10x 20mg table (\$0.10), 10 grams ketamine crystals (\$7.15), [3g] Greenstone NZ Hash (B Grade) (\$2.49), +++ 100 x 25i-NBOMe Strawberry Snuff Caps +++ (\$3.80), and 300x 25i/25c-NBOMe Liqui Dropper 1200µg (\$4.14).

This was what the original Silk Road marketplace looked like in 2012. Does it seem like a massive scam? Initially it does, but I can assure you that a good amount of the proposed advertisements was 100% legitimate. To access these marketplaces, one would have to download the Tor browser, which supposedly anonymizes internet browsing traffic. After this, a discreet URL was needed to access the website that ended in ".onion", rather than ".com" or ".org." Additional steps could be taken to increase security, such as downloading an encryption program to make conversation more secretive between sellers and buyers. As for actually purchasing the drugs, the process was simple: Find a product that you want, check to make sure that the supplier had good ratings/feedback, then make a purchase. *Image: The layout for the original Silk Road [SR1].*

The process was relatively safe. Hundreds of thousands of transactions took place on this website. Occasionally, a vendor would be caught by a Federal or foreign agency, either because of lax security practices, or because they were reported by employees or other competition. Penalties for getting caught selling drugs on the internet are often severe. Buyers were usually safe, however, provided that

the supplier ensured that the various postal services used to transport the drugs were unaware that there were drugs in the package.

Transactions were done with the cryptocurrency, Bitcoin. Buyers would submit a payment for an order of drugs to a vendor, and the money would be held in escrow. As soon as the buyer reported having the package, they would release the funds to the seller. By having a system such as this, there was an added layer of safety. Some vendors would demand that buyers “finalize early,” meaning that funds were required to be released before the item was marked as received. If you are a drug user, it seems too good to be true, but I assure you, business was conducted legitimately more often than not. Occasionally, vendors did scam their customers and put out fake advertisements for drugs, but these situations were few and far between. *Image: A black on orange logo for the Bitcoin currency that is still used today to do illegal market transactions [Bitcoin].*



From the inception of this site, we have now entered a time in the world where drugs can be purchased from anywhere. Vendors put up shops in the United States, Canada, South America, European countries, Australia, and China. Products and prices varied based on the country of origin. To some, this was a paradise.

A Brief History of Online Drug Marketplaces



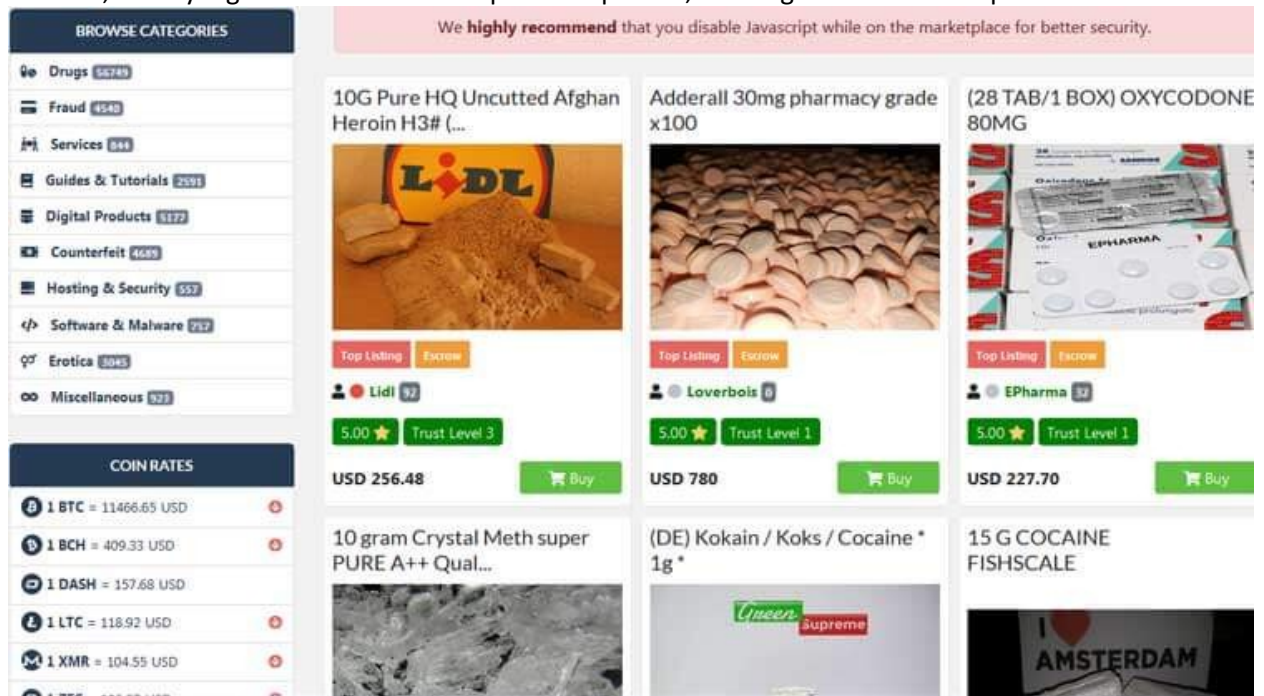
For those who were watching certain news sources in 2013, they may have heard about the FBI takedown of Silk Road, the number one online drug marketplace of the moment. Founder Ross Ulbricht founded the website in 2011 and he maintained it for two years. Although what he was doing had never been seen before, the United States government came down rather harshly on him. Federal agents framed and indirectly convinced him to admit

that he would have put a “hit” out on someone (murder for hire). Some argue that although Ulbricht was the founder of the website, his successor, who went by the name Dread Pirate Roberts, was actually the one to frame him and lead to his arrest [Wired]. Ulbricht is currently serving a double life sentence without the possibility of parole for money laundering, computer hacking, conspiracy to traffic fraudulent identity documents, and conspiracy to traffic narcotics by means of the internet [Ross1]. *Image: This is what was displayed the day the FBI and other organizations seized the website [Seize].*

Of course, such a newfound popular industry did not simply disappear. Just as when one drug dealer is arrested and imprisoned in modern times, resulting in more drug dealers that emerge to take their place, the same thing could be said for the markets on the darknet when they are taken down. Before Silk Road was even shutdown, there were already five other marketplaces available: Black Market Reloaded, Sheep Marketplace, Deepbay, BuyItNow, and Valhalla. As soon as Silk Road was shutdown, approximately 20 other markets emerged over the next three months [DarkNet1]. Many of these sites did what was called an “exit scam.” This means that they would start what seemed to be a valid operation, and then after the number of sellers and buyers increased substantially, they would pull out all the Bitcoins that were in escrow from both buyers and sellers.

Over the years, there have been many government operations, both large and small, foreign and domestic, that have attempted to take these marketplaces down. The most notorious was Operation Onymous, where nine marketplaces were taken down at once in the end of 2014: Pandora, Silk Road 2.0, Black Market Reloaded, Blue Sky, Tor Bazaar, Topix, Hydra, Cloud 9, and Alpaca [DarkNet1].

Over time, the styling of the online marketplaces improved, and began to look more professional:



This is what Nightmare market looked like until it was taken down. Multiple forms of cryptocurrency were accepted. Vendor ratings were clearly shown, and navigation was arguably easier. The color stylings made the website more enticing to use. The darknet was streamlining their marketplaces to look even more like modern day legal marketplaces like Ebay.com and Amazon.com. *Image: Nightmare market's layout* [Nightmare].

There are still several marketplaces that are operating today, some with hundreds of thousands of users. Perhaps they are still allowed to operate as an experiment, since this is a potential future for us.

The Model of Online Black-Market exchange of Drugs can be applied to a World where Drugs are Legalized

Though there are still obvious short-comings, like a lack of quality control monitoring and the potential for suppliers to scam their customers, I believe that permitting these types of online marketplaces to operate legally would be more beneficial for drug users, especially in the early stages of legalization.

Before formal regulation, it will be hard to ensure that users are finding high-quality substances. I believe that having easy access to websites, such as the ones mentioned earlier in this essay, can facilitate a higher quality of drugs being distributed. It can be thought of much the same as current legal marketplaces. On a marketplace such as Ebay.com, people usually do not make a purchase from a seller if their feedback is under a certain score. Current black-market drug marketplaces operate the same way. The intelligent and logical user would not make a purchase from someone with only a 75% positive feedback score. With time, guidance, and practice, drug users would be able to get the drugs they desire from around the world at affordable prices. Reviews of product quality would allow users to know which suppliers were better or worse. To make product quality even better, vendors could be encouraged to send their products off to third party services to have them tested for purity and contaminants, similar to how the hemp flower market operates currently.

This has multiple advantages when compared to how drugs are currently purchased by street dealers. For one, while street dealers do have a reputation, finding one with an honest reputation is difficult. People may work to make dealers sound more honest than they are, just so that more products can be sold. Also, since drug dealers are usually completely self-made, they will likely be operating for their own best interest, which can result in a drop in product quality. Where marketplaces have an easily visible rating system, drug dealers cannot exactly carry around a product review sheet. To keep people safer, if current street dealers want to maintain their business, they will have to adapt to an online community so they become more reputable.

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Some Illegal Drugs already have Approved Medical Use

Cocaine is still available for use as a local anesthetic for certain facial surgeries, usually for the eyes, nose, and mouth. Methamphetamine can be given by prescription to treat obesity and narcolepsy. Amphetamine can be prescribed for ADHD. Ketamine can be used as an anti-depressant.

These are just a few of the many examples of drugs that are currently illegal that have medical value. Some of these drugs have been approved for use for many years, but others, such as Ketamine, were only recently realized to have medical value. Ketamine has been around for decades, and people have been theorizing about the anti-depressant effects for some time, but because of its legal status, getting approval to do research has been difficult. As of 2019, it was approved for use by the FDA and European Commission in a nasal spray, Spravato, to treat treatment-resistant depression. But what was the timeline for this to happen?

Depression is the leading cause of disability worldwide, affecting nearly 300 million people each year globally [KetResis]. When it comes to the drug Ketamine, research into its use as a potential anti-depressant began in the 1990's [Ket]. According to some statistics, 30% of individuals have tried multiple depression therapies and been unsuccessful [KetResis], allowing them to be classified as "treatment-resistant". Approximately 64% of those diagnosed with treatment-resistant depression responded positively to Ketamine treatment [KetTreat]. If Ketamine were fully legalized, it likely would have been much easier to conduct studies, and the drug may have been approved for treatment-resistant depression even sooner.

Ketamine is not the only drug that has been shown to be therapeutically beneficial. The Multidisciplinary Association for Psychedelic Studies (MAPS) has been trying to push MDMA into the field of psychotherapy since it was made illegal in the middle 1980's, but because the drug is illegal, it has been difficult to make progress. It has taken more than thirty years to get the drug to a Phase 3 Trial, which makes it one step closer to getting reviewed for approval for medicinal use. The goal of MAPS is to have the



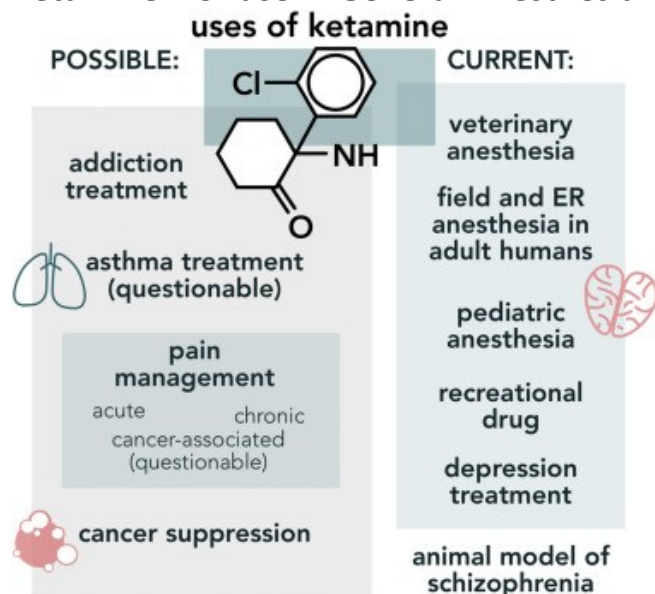
drug available by prescription in 2023 [MDMA]. I did a personal experiment with MDMA psychotherapy at home. I wrote a 24-page paper on my experience with confronting my traumas and general life struggle. It was extremely effective, though probably not as effective as if I had a real therapist! If the reader is curious, it can be found in Part V of this book. *Image: Pictured is Alexander Shulgin and his wife, Ann. They were revolutionary in pioneering some of the first studies into the therapeutic use of MDMA [Shulg1].*

What are some other Potential Therapeutic uses of currently Illegal Drugs?

Realizing that it took literally decades to get Ketamine and MDMA to late-stage trials for approval in therapeutic use causes me pain. The benefits of these drugs have been known for many years, but because of strict laws and a lack of information, they were made illegal which makes it more difficult for research to be done on these compounds.

What if all drugs were legal and the medicinal benefits could be studied without worry? I compiled a list of several drugs and their alleged medical benefits.

Ketamine: For use in General Anesthesia



The medical use of this drug is known of already, so I decided to start with this example. However, I believe that because it is illegal, many are missing out on some of the great potential of this drug as an anesthetic. There is a good reason why the World Health Organization lists Ketamine as an “essential medicine,” among one of the safest and most efficacious ones known to science. One doctor even calls Ketamine his “favorite medicine of all time.” The greatest advantage of Ketamine is that it can cause near-complete paralysis, amnesia, and sedation, while still preserving the quality of respiration. In other words, because the drug does not seriously depress breathing, it becomes a very safe drug for the purpose of anesthesia. There is little need for airway

monitoring as there is for all other general anesthetics, which run the risk of causing a patient to stop breathing. It is so effective that members of the Army and Navy even use it! Side effects include increased heartrate and blood pressure, sometimes resulting in nausea and vertigo [KetAnes]. *Image: This is an infographic detailing some of the other potential medical uses of Ketamine [Info].*

Cannabis: Still a Schedule I drug according to the DEA, having “No currently accepted medical use in Treatment in the United States” [DEA].

Schedule I is the most severe scheduling that a drug can have in the United States. It is on the same level as Heroin, MDMA, and LSD. Believe it or not, Cocaine (Schedule II), Methamphetamine (Schedule II), and Ketamine (Schedule III) are all scheduled in a less severe manner than Cannabis! The irony of this is that 35 states, at the time this book was written, have approved Cannabis for medical use. Are all these states wrong? Is there really no



medical use? One thing that is certain is that by keeping Cannabis a Schedule I drug, it is much harder to conduct medical research. There are alleged benefits to using the drug. *Image: This is a picture of a joint next to some Cannabis flower!* [Canna1].

Increased Appetite: For cancer patients who have low appetite, or for those suffering from Anorexia Nervosa, Cannabis can be given by prescription to increase appetite. Recreational users of the drug may call this the “munchies,” where they have an increased desire to consume food past feeling full, but this can actually be a powerful medical benefit.

Kills Cancer Cells: According to some animal studies, natural Cannabinoids have been shown to inhibit the growth of cancer cells *in vitro* and *in vivo*. In mice, a dose-related decrease in the incidence of some tumors was noted. Cannabinoids appear to kill tumor cells, but do not affect non-cancerous cells, and may even protect them from cell death [Canc].

Analgesia (Killing Pain): Similar to Opioid receptors, increased levels of CB1 receptors (the main receptors that interact with Cannabinoids) are found in the brain and stimulation of these receptors can cause a pain-inhibiting effect [Anal].

Insomnia and Anxiolysis: Cannabinoids have been shown to have a relaxing effect, particularly with Cannabidiol (CBD). The endocannabinoid system is also helpful in regulating mood and diminishing aversive memories [Canc]. Many who ingest Cannabis describe themselves as feeling more relaxed and sleepier, especially at higher doses.

Nausea: Speaking from personal experience, Cannabis has functioned better than *any* other drug at quelling nausea. This can be particularly effective when individuals are being treated with potent medications which cause nausea, such as those undergoing chemotherapy [Canc].

The list of potential medical benefits for Cannabis is extensive. It should be studied more since it is so much less toxic than almost any other medicine on the market. The biggest hurdle is obviously the legal status. My hope is that as more states approve the drug for medical and recreational use, that eventually the federal government will come around and drop the Schedule I status of one of the safest drugs that exists today.

MDMA: For treatment of Immune thrombocytopenia (ITP)

For those that are unfamiliar, ITP is a very rare blood disease that kills platelets. Platelets are blood cells, like red and white blood cells, but they function to help with blood clotting. If there are no platelets, individuals are more prone to injuries and do not heal as well. Platelets also help to store serotonin, the neurotransmitter that helps with sleep, emotions, and appetite, so these aspects may be impacted by low platelet counts as well [MediPrime].

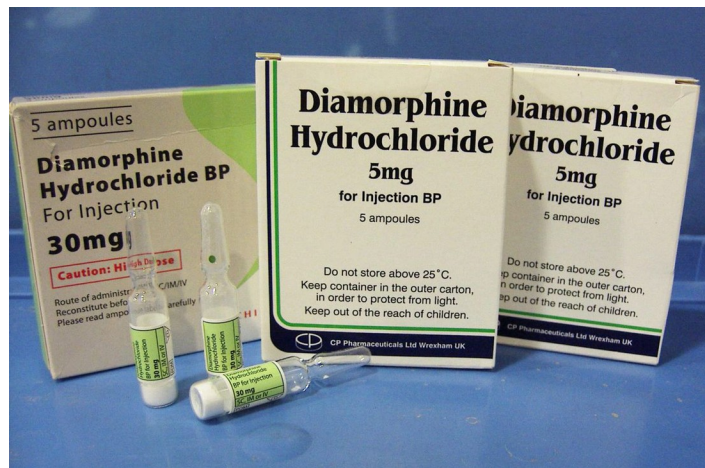


Interestingly, taking MDMA may boost the platelet counts of users who suffer from this disease to near- or above-normal levels. I had one close friend experience this personally. She used to take steroids, and receive other invasive

treatments to handle ITP, but they all had very unpleasant side effects and made her real run-down and generally unwell. After some research, she read anecdotal reports that MDMA helped boost platelet counts, and when returning to the doctor, it was confirmed with testing that this was indeed the case! Normal platelet counts in healthy individuals are at least 150,000 platelets per microliter of blood, and before taking MDMA, her levels were as low as 15,000. After MDMA use, platelet counts shot up above 100,000, sometimes even entering the normal range over 150,000! Levels remained within the normal range for over a month. We were both amazed that around 150-200mg of MDMA taken could yield such startling results. My friend argues that this is a cheaper, less invasive, and safer procedure than what is currently available. Due to the small size of the ITP community, it is unfortunately unlikely that studies will be done for further examination. *Image: People with ITP usually bruise more easily. I remember before my friend did her MDMA therapy, she would frequently have bruises all over her body. The steroids she was taking did not help this, but the MDMA seemed to better allow her to heal. It seemed like a miracle [ITPpic].*

Heroin: To treat Heroin Addiction

This may sound idiotic at first, but actually there are scientific studies and evidence that say otherwise. Currently, Methadone and Buprenorphine (Suboxone) are the first line of defense when treating Opioid addiction. One study says that these are actually not the most effective means to treat this dependency, depending on the situation of the addict. The study says that what really matters when treating a patient is their level of social functioning. This means that if the patient is able to maintain healthy relationships, stable housing, and sufficient employment, they will have an increased likelihood to respond well to all conventional treatments. The circumstances change the less stable the life of a patient is. Buprenorphine is the least reinforcing, meant for those who have a stable lifestyle, and allows the greatest freedom over oneself, as the drug can be consumed at home unsupervised. For Methadone, it is a bit more reinforcing than Buprenorphine, and can hold people in a better structured environment. Diamorphine (pure pharmaceutical grade Heroin) is the most reinforcing, and is the best option for patients that have the *least* motivation to participate in structured treatment. Also, due to the nature of the drug, it requires the most supervision [Withdraw]. *Image: This is what pharmaceutical grade Diamorphine (Heroin) meant for injection looks like [Diamorph].*



My understanding of this is that for the most severe Heroin addiction, where patients cannot be trusted to take the medication as prescribed, as in the case of Methadone or Buprenorphine, then Diamorphine may be the most effective treatment. While the study cited above was only a comparison analysis, there are actually several studies scattered throughout the internet that have shown promise for the treatment of Heroin addiction with controlled doses of Diamorphine.

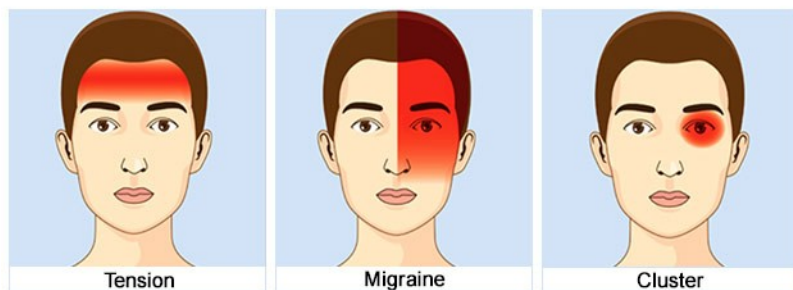
Psilocybin and LSD: Users who wear glasses no longer need them to see Perfectly

This was something I was unfamiliar with until I made a topic on Reddit asking about medical uses of drug and several users reported that they achieve near-perfect vision when they take Psilocybin mushrooms or LSD. They said that they would take their glasses off for the duration of the trip and seemingly see perfectly, but the next day they would need glasses again to see adequately. How can this be?

Upon doing some research online, I was not able to find any scientific studies that traced this! There were several anecdotal reports, and if the reader is curious, they can find them on Shroomery [Shroom] and Reddit [Red1]. I believe this could be an interesting topic to research, but again, because Psilocybin mushrooms are illegal, and this effect is not as powerful medicinally as some other effects, research will likely get swept under the rug.

Psilocybin and other Psychedelic Tryptamines: A Treatment for Cluster Headaches and Migraines

Headache Types

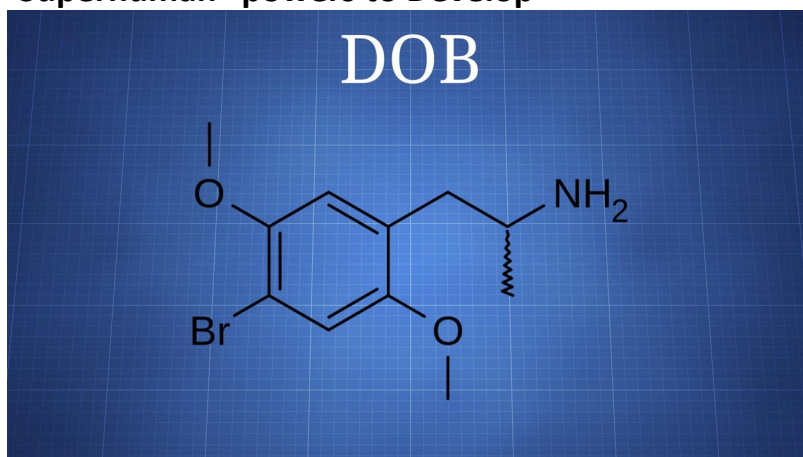


I actually heard about Psilocybin as a treatment for severe headaches several years ago. Initially, I did not understand how it would work, but I learned some interesting information when I looked up the issue. Apparently, there has been much success in treating cluster headaches and migraines with psychedelic drugs.

Administration of these drugs can have a preventative effect and they can be used acutely when severe headaches start coming on. The study also made note of the fact that this treatment was only sought after in the most extreme of circumstances, mostly because of the fact that these drugs are illegal [Psilo]. *Image: This indicates where different headaches take place in the human head [Headache].*

DOB: Allowing for potential “Superhuman” powers to Develop

This one is arguably not a “medical” use of a drug and it is a little bit on the fringe. My information is only hearsay as well, but I have a friend who was able to see infrared light after a particularly intense DOB experience one day. While this superhuman power was acquired during the experience, it appeared to persist after the experience as well. In addition to this friend,



several others who were using the drug at the time reported experiencing supernatural phenomenon. If powerful drugs like DOB, which can have a duration of effect longer than 16 hours, were legalized, then more studies could be done on these unique drugs which may help us better understand how the human mind works. *Image: This is a molecule of the potent psychedelic drug, DOB [DOB].*

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Demand for Drugs of all kinds will likely Increase

At least in the beginning of drug legalization and regulation, I believe that demand for all types of drugs will increase. I theorize that Cannabis will likely be the most prevalent, followed closely by Cocaine and Heroin. All of these drugs have their roots in a natural form. Cannabis comes from the Cannabis Sativa plant. Cocaine comes from Coca plants. Heroin comes from Opium poppies. As it stands now, these drugs are all cultivated legally to some degree, but they are also cultivated illegally in many parts of the world. It is this illegal cultivation that fuels drug cartels and other such criminal organizations. Legalizing drugs can allow for full regulation in these industries, resulting in the reduction of crime.

Farmers will be needed to Cultivate Plant-Based Drugs

When drugs are legalized and regulated, people will be needed to grow and maintain naturally derived drugs such as the ones mentioned above. There will be people needed to monitor quality of crops. Others will be needed to research optimal growing conditions in the world. Still others will have to harvest the crops and get them ready for processing. I also believe that there will be an increase in the consumption of other naturally derived drugs that are less common now, such as Salvia and Psilocybin mushrooms.

Of course, there is not farmland ready for much of this drug cultivation. Before all of this begins, there will be a large force of people who work to get the land ready to be farmed.

Teachers will be needed to Teach people how to Harvest these crops

Perhaps the information on how to cultivate drug-crops can be found in books, but I think teachers would be more useful for the upcoming class of workers to teach them how to maximize successful cultivation of these drugs. There are undoubtedly many in the world who know a great deal about how to do this already, but because drugs are illegal, they are forced to remain in hiding. These individuals will be fundamental in teaching the new generation of drug cultivators how to do so properly. They can also teach other soon-to-be teachers because they will have knowledge that is not available in textbooks.

Workers will be needed to Build and Maintain Laboratories

The majority of drugs that exist in the world today are synthetically produced. This means that these drugs cannot exist without laboratory equipment. In order to have the highest quality of regulation, laboratories would need to be constructed that could handle the chemicals and processes needed to create these drugs. My understanding is that there are already many laboratories all over the world, but the main laboratories that create drugs are in parts of The Netherlands, Germany, and China. I do not believe that these places will be able to keep up with the initial demand during drug legalization, which would mean it is necessary for more laboratories to be constructed.

Not only will these laboratories need to be constructed, but people will need to maintain them. There will be routine checks for cleanliness to prevent contamination or accidents. People will also be needed to manufacture all the supplies that these laboratories may need. Additionally, even though the industry will be regulated, quality control testers will be useful to make sure that there are no accidents when it

comes to drug synthesis. This will be done similar to how organizations of people pick out small samples of food products to ensure quality.

Chemists will be needed to Synthesize Synthetic Drugs

After the laboratories are created, there will need to be people in them to actually make the drugs. While it is common for chemists to spend several years in school to thoroughly learn chemistry, I believe that training can be in much less time for people to possess enough knowledge to do at least partial drug synthesis or other laboratory work. Chemists with a greater education can oversee the process of these workers who have partial training.

Researchers will be needed to do Medical research on Drugs that were just Legalized

Now that it has been established where the drugs will come from, there will need to be people to research their potential effects in the medical industry. Funding for these studies can come from the sale and tax of now-legal drugs. The legal system has created countless blockades, but there will be less barriers to research drugs as they will not be illegal.

In addition to these researchers, there will need to be willing test subjects who want to have drugs tested on them for potential medical benefit. While I obviously cannot prove this, I believe there are many who would be willing to subject themselves to testing with these drugs since there may be medical benefit.

Drug Distribution Facilities will need to be Opened, Run, and Maintained

How else will people get the drugs safely? Drug distribution facilities will need to be constructed so that there is a safe and secure place for people to go to get drugs. In my mind, I believe it will function somewhat similar to the way a pharmacy does today, however, people will not need prescriptions to get drugs, they will just walk up to the counter and order whatever they desire.

Security will need to be present, especially at some of the larger facilities, or at facilities that are in impoverished communities. In the beginning, people may find it hard to understand that they can just go and get whatever drugs they wish, and some might turn to attempts at theft. While I believe the number of people who will do this will be small, it is hard to visualize exactly how this will work out.

There will be an Increased need for Mental Health Professionals

My hope is that by the time drugs are legalized, society will realize that it is not drugs that are the cause of drug addiction, but rather the underlying problems of the individuals. There will need to be a push towards the careful study of the human mind regarding addiction in order to best help people. Mental health professionals will be in greater demand, ideally so that they can help those who are currently using drugs regularly.

Those released from Jail or Prison after Drugs are Legalized will have Increased Opportunity to Work

Since there will likely be a mass release from prisons and jails of those who were incarcerated for drug related crimes, they will need jobs. Many of them who will be released were likely committing some kind of crime that was related to drugs anyway, so perhaps they will find interest in doing legal work in the manufacture and distribution of drugs. I do imagine that there will be a lot of anger amongst these released prisoners.

Drug Dealers will be “Out of business,” and they will need to find Legal Jobs

This thought came to me after some time thinking about how job creation might work in a world with legalized drugs.

There is no Drug Crisis, but there is a Human Health Crisis. Preventive Measures are the Solution.

The Problem is Poor Human Health, both Physical and Mental, not Drugs.

This may be the most controversial chapter that is in this book, but I also believe it is the most important. When it comes to issues surrounding drugs, many believe that it is the drugs themselves that are the source of the problem, when in fact the origin of the problem stems more from poor quality of health in individuals.

The fact is, people are unhealthy, whether mentally or physically, so they take drugs to improve their health.

Allow me to elucidate with some examples. I will approach this from a physiological angle first, then work my way into a psychological perspective, before elaborating on some possible solutions. Let us take the average obese American. Obesity can cause a range of health complications, such as high cholesterol, high blood pressure, and type two diabetes. For all of these physiological ailments, drugs are available. There are drugs that lower blood pressure and cholesterol levels, and drugs that regulate blood sugar for those who are diagnosed with diabetes. On the surface level, these treatments are effective at doing what they are supposed to do, however, they will never *cure* the issue. They can only ever *treat* it.

First, we must question why the person is overweight in the first place. They may have excuses, such as that they have big bones or that it's genetic, but the reality is that most obesity is caused by poor health choices. We must then ask why they made these poor health choices. The answer is that our society permits and even *encourages* this type of behavior. When a person turns on the television, they are bombarded with countless advertisements that depict people taking pleasure in poisoning themselves with toxic food that leads to rapid weight gain. When they go to the supermarket, a majority of the store is filled with these items. If the person was lucky enough to dodge the unhealthy food in the aisles, most stores have even more unhealthy items in the checkout line. Restaurants and fast-food establishments add to this as well. They want you to spend money on food and drinks that are pleasurable to the tastebuds, but rarely good for general health. It is because society is indirectly pressuring people to make these lifestyle choices, that people become overweight and sick. This means they need to go to the doctor to get the aforementioned prescription drugs to treat the aforementioned disorders. We must now ask ourselves... is this the way it is supposed to be?

Some may argue that we are free to make our own decisions, and that people should be able to decide what they should or should not eat. While I agree to this to some degree, I have to know *why* these toxic foods are available in the first place! Those who work in the upper levels of some of the biggest junk food companies, such as Nestle, Kraft, General Mills, Coca-Cola, and Nabisco know very well that they are making addictive poisonous food. Why is it permissible that it is so widespread?

The answer is *money*. They want to make as much money as they can, and they do not care if they kill millions of people to get it, and that is exactly what is happening with the global obesity problem.

<https://www.nytimes.com/2013/02/24/magazine/the-extraordinary-science-of-junk-food.html>

While Sugar causes obesity and other health-related issues that are mostly physiological in nature, what about the mental health side of this? To take a look from a psychological health viewpoint, let us say that a person was abused as a child, and because of this, they developed depression and anxiety throughout in their teenage years. Perhaps this person is unable to see a therapist, and instead decides to self-medicate with drugs to try to cover up the pain.

Let us now try to get to the heart of the problem.

Why was the child abused in the first place? There could be a multitude of factors, such as that their father was a depressed alcoholic, or that their mother did not want kids to begin with, but this actually is not the true problem. The problem is again the society that we all exist in.

While those drugs can be helpful, again, we should ask ourselves, is this the way it is supposed to be?

What is the real problem here?

Most People are not Maximizing their Health

When I think about it, most people use drugs because of some issue with their health. This can be physical, in the sense of being overweight, then requiring medication for diabetes or to lower their cholesterol.

It is not the Drugs that cause the Addiction

It is my firm belief, and this belief is shared by many health professionals, that it is not drugs that cause addiction or problematic drug use, but rather

What are some Potential Risks and Benefits of Allowing Individuals to Self-Medicate with Drugs if they were to be Legalized?

A Hypothesis for how Individuals May Treat themselves at Home with the use of Drugs without the use of Therapy

DISCLAIMER

While I did study psychology and psychotherapy in college, I certainly do not have a degree on the matter. I am mostly speaking on my past experience with drugs that I have used and how some have provided me psychological benefit. The ideas presented below are meant to start a conversation amongst professionals.

MANY ALREADY LOOK TO SELF-MEDICATE WITH DRUGS

For the most part, those who are addicted to drugs are not addicted to the drugs because they do not know what else to do or because they are bored. My understanding of addiction tells me that many drug addicts use these drugs to such an extent because they are effective at providing relief from the pain of life – self-medication. The deeper and more intense the pain, the more extreme the addiction.

A MANUAL FOR AT-HOME INDIVIDUAL SELF-TREATMENT

This spits in the face of traditional therapy, and it may not be as effective, but I believe that there are too many humans who suffer from debilitating internal struggle (especially since Covid-19 has come into existence), and there are simply not enough professionals to serve these individuals. Additionally, many either do not have insurance (I know this is mostly an American problem!) or do not have enough money to afford the type of therapy that is desired. Speaking for myself, when I went to make an appointment for talk therapy recently, I was told I would need to wait 10 to 13 weeks before I could speak to someone!

Perhaps there are a few drugs that can be taken with relative safety at home that can provide therapeutic assistance without the direct assistance of a medical professional. How could this be done? One possibility is that a team of psychologists, psychiatrists, pharmacologists, and other professionals can compile all necessary drug information and instruction into a step-by-step Manual that would facilitate self-therapy. Perhaps this Manual would contain information on one or more drugs that can be taken in consecutive order over a short period of time that will allow users to expand their perspective on life and permit them to see their purpose and prioritize living a healthy lifestyle.

The Manual will have all relevant health and safety information, including a list of all known possible physiological effects, psychological effects, common doses, overdose effects, drug interactions, and other necessary information. There will be a multitude of documented experiences from all different types of individuals gathered at the conclusion of each drug chapter so that the curious individual may have a frame of reference so they may attempt to anticipate how their experience will unfold.

In the step-by-step instruction sections, there will be guided therapy for the user to read before taking the drug, perhaps during, and after taking the drug. There may even be writing exercises or other activities that can be performed to facilitate successful therapy. In some cases, for situations meant for partner therapy, two individuals may take the same drug simultaneously with the intention to strengthen (or break) personal bonds. Ideally, while being under the influence of the drug, and with the assistance of the book to allow for deep internal reflection, individuals may overcome internal struggle, or at least make peace with some of it.

DRUGS THAT MAY POTENTIALLY BE FOUND IN THE MANUAL

It is difficult for me to give explicit counsel in this area, as most of the time, when I have taken drugs, it was not for the purpose of psychotherapeutic gain. However, I will attempt to design an outline for a technique that may be followed.

While I think that psychedelic drugs, such as LSD, Psilocybin Mushrooms, or 4-AcO-DMT may help expand perception the furthest compared to other classes of drugs, from my observation, these drugs can be a bit too intense for individuals who have never experienced the powerful effects of mind-altering drugs. This “intensity” can manifest in bad trips which results in a user feeling as though they are suffering, while perhaps also not deriving any benefit from consumption of the substance. It is this reason why I believe psychedelic drugs might come as a second or third line of treatment following two more manageable drugs.

The First Line - Honestly, after doing some thinking, I think that a moderate to high dose (30-70mg in an average weight user) of Ketamine can provide therapeutic benefit due to its dissociative effect. As doses get higher (about 60-70mg for me, personally), the dissociative effects become very apparent. Why is this useful in a therapeutic setting? From personal experience, it is because of this dissociation that I am able to look at myself differently. This can be helpful, because it seems like sometimes humans get stuck within their own mind, unable to see themselves from the outside. Occasionally, painful thoughts and memories can surface while under the influence of the drug, but the drug has tranquilizing (it is used in veterinary medicine as a tranquilizer!) side to it that could allow the user to be more accepting of whatever may come to mind. The drug also has a reasonably short duration of effect, perhaps one to two hours depending on dose, and is therefore easier to gauge if more should be taken to achieve desired effects.

Ketamine is already marketed as an effective anti-depressant with favorable effects that can persist for days or weeks following just one administration. Some of the most depressed patients who were resistant to multiple lines of treatment have finally found relief with this Ketamine. I believe that with a more interactive therapy, even if done on one’s own, Ketamine can allow a user to view themselves differently, potentially opening the door to resolving unresolved internal conflicts.

While it is true that perhaps writing a journal and rereading entries can provide a similar effect where a new perspective can be discovered, it is possible that Ketamine may prove useful for those who lack the motivation to do this task. In terms of the amount of effort required, a quick insufflation of Ketamine would take seconds, whereas therapeutic journal writing could take hours. Personally, I have found great benefit when combining these two treatment methods. Writing about oneself while under the influence of Ketamine, and then rereading what was written, can give an even deeper look into the mind. I believe that further research may prove useful.

The Second Line - Next, I believe MDMA could be a logical next step. This drug became quite popular in the psychotherapeutic community in the 1970’s and early 1980’s when Alexander (Sasha) Shulgin and other psychotherapists rediscovered the drug and began to use it in therapy sessions. Since the drug induced feelings of such euphoria, it was not long before it became popular and was made illegal in the middle 1980’s.

From personal experience, MDMA has allowed me to experience feelings of empathy that I did not know that I had. It has allowed me to feel more in tune with myself as well as those around me. Emotions were experienced that I did not know existed. Gratitude increased, and so did a general desire to make those around me happy with their life. Contrary to other drugs that provide euphoria, like Cocaine, Amphetamines, or Opioids, the positive mindset that MDMA permits is quite different and actually persisted for several days after the effects of MDMA dissipated (if tolerance is low).

MDMA feels a bit harsher on the body than Ketamine, which is why I believe it could be a logical next step. Also, the duration of effect (sometimes 3-5 hours) is much longer than that of Ketamine.

The Third Line - As a final line of treatment that may have varying degrees of effectiveness depending on the type of drug that is used, I believe psychedelic drugs, such as LSD or Psilocybin Mushrooms, will be the most useful. There are many psychedelics with differing effects, and so it will take some reading and research to find what the “Ideal” psychedelic might be for the curious individual.

Due to the unpredictable nature of psychedelics, The Manual's detailing of what the potential effects are will be much explicit. Psychedelic drugs also usually have an even longer effect than most other drugs. For example, LSD can last for more than ten hours, and DOB can last for more than 16 hours under some circumstances.

AN EXAMPLE OF WHAT WE MAY SEE

Perhaps this potential situation is best illustrated with a real-life example. In this particular circumstance, our potential therapeutic drug user, Jack, has been feeling unhappy, anxious, and purposeless. He would say he feels seriously depressed on a regular basis. Unfortunately, due to Jack's severe depression, he has been feeling overwhelmingly unmotivated and has not been working. As a result of this, he is lacking in finances and health insurance. This means that he will be unable to consult a therapist or go into a hospital setting without incurring massive debt. *PLEASE NOTE! In case of extreme personal crisis, it may still be best to go to the hospital. Drugs will not solve all your problems!*

Since all drugs have recently been legalized, he heard about a book that was made available freely to anyone called The Manual. After extensive research, psychologists, psychiatrists, pharmacologists, and other professionals, compiled a manual that may help individuals diagnose and treat some of their problems from their own home. *PLEASE NOTE! At the time of this writing, self-diagnosis can be dangerous, and this idea must be handled with care!* Curious and desperate, Jack begins reading this Manual and sees there is a three-step approach to treating his depression with the use of drugs that does not require long-term medication and can actually provide lasting changes to his outlook on life.

Before embarking on the journey, he noted some advice that was provided:

1. Try to avoid using any drugs, including alcohol, for at least three days leading up to the experience.
2. Avoid using caffeine before the treatment begins, as there may be some drug interaction.
3. Keep an open mind and try not to limit the possibilities of what this treatment might do.

After fully reading through this section, he goes to his local drug store, with the intention of purchasing his medicine. He is asked a few questions by the pharmacist on staff, and he is given appropriate doses of Ketamine, MDMA, and LSD based on his drug history, body weight, and other factors.

When he comes back home, he begins to plan out a day where he might try his first step: Ketamine. Since he just drank Alcohol the night before and indulged in the combustion and inhalation of some Cannabis, he decides he will wait until Saturday, which will be several days after his last drug experience.

Come Saturday, Jack finds a comfortable spot in his bedroom as The Manual suggests, and takes his first dose of Ketamine. According to The Manual, he is only taking roughly half of the recommended therapeutic dose, as to account for some individuals that may be highly sensitive. The effects are unfamiliar and slightly disorienting, but overall, Jack does not feel overwhelmed and has a decent grasp of reality. The Manual suggested he try to write down how he feels, but he was still somewhat lacking in motivation and does not possess a strong change in perception. An hour following this dose, The Manual suggests that if the first dose was well tolerated, he might take the ideal therapeutic dose for his bodyweight, 68mg. Conveniently, the drug store he went to had prepackaged his drugs into perfectly sized doses, and so he lays out the rest of the drug and proceeds to administer it to himself.

At this point, the dissociative effects of ketamine are quite pronounced. Jack feels quite different from how he did twenty minutes before administration! There is a mild sense of separation between body and mind. He feels a bit relaxed, but his brain seems to be churning out new thoughts. There is background euphoria to keep the experience optimistic, but more importantly, he is beginning to experience therapeutic effects. The most prominent effect is his feeling that he is looking at himself with a new set of eyes. He has truly never seen himself in this way before. It is uncomfortable at times, but he remains optimistic as he processes his observation. This time, he takes the advice of The Manual and begins to write down how he feels about what he observes.

After about an hour, the major effects of Ketamine have largely dissipated, and Jack is left feeling as though a small change has taken place inside him. He would not say he has been magically cured of his depression, but the world outside of himself does not seem so unpleasant.

The next day, as a follow-up to the treatment suggestion from The Manual, Jack reread what he wrote about himself while under the influence of Ketamine. He was shocked to see some of the perceptions that he had noted about himself.

There were aspects about himself that he wrote down that he liked, and other aspects that he disliked. It was an eye-opening learning experience, and he is grateful that he had it.

As for the second step, The Manual tells Jack to wait one week after administering Ketamine before attempting his dose of MDMA. Following the suggestion of The Manual, Jack also abstains from all other drugs during the week before his MDMA experience.

After rereading The Manual notes on the MDMA experience to maximize the therapeutic potential, he proceeds to swallow a 125mg dose on a relatively empty stomach. The effects take about 30 minutes to start coming on, and another 30 to reach a therapeutic level. Jack is taken aback by just how different he feels, but if he stops to think about it, it is almost as if there is no intoxication. There is a prominent euphoria, and he thinks about going on a walk or listening to music, but he remembers the real reason why he took this drug in the first place – to help himself find relief from his internal unresolved conflicts. He follows the directions of The Manual and makes a list of 10 things he is grateful for, and rereads the list three times. He also reaches out to three people over social media and says something nice to each of them. He follows a few other suggestions and is now feeling extremely optimistic. He cannot remember the last time he felt such a way. He rides out the rest of the effects of the drug and documents his feelings a bit more. Still feeling a lingering afterglow the next day, he rereads his notes from the previous day, cementing in the positive energy to the back of his mind.

The MDMA experience had been intense at times, but very manageable. When it comes to the third step, there is an extensive ten-page documentation about taking LSD for psychotherapeutic purposes in The Manual. Feeling somewhat successful after his last two psychotherapeutic drug experiences, he reads avidly and excitedly. He is a bit apprehensive about how the LSD experience will pan out, since the drug can last for more than ten hours! He also read how there is a higher chance of unpleasant side effects. He takes note of some phone numbers and websites that he can access should he start experiencing these effects, and then consumes his 150ug dose.

For almost two hours, he does not feel much, and then all of a sudden, his room seems unfamiliar to him. There is a change in visual perception, and the walls and floor of his room seem to bend and breathe slightly. Colors seem different. Sounds are a bit distorted. The way he thinks begins to change. There is a euphoria and a rise in energy levels, but he feels different and a bit confused. The Manual said this might happen, and he begins accept the feeling. The Manual told him not to fight the effects of the drug as that would generate unpleasantness, so he just goes with the feeling. At times, he returns to a child-like state, while at other times, it seems as though he is thinking in a more mature manner. His view of the world is entirely different, though he cannot explain it. He is somehow attaining a more positive view of life, but he does not know why. He tries to write about how he feels, but struggles too much and gives up, finding joy and laughter in a more passive activity. He goes for a walk and feels generally content. For the duration of effect of the LSD, he cleans up his room and makes a list of things he wants to accomplish. By the seven-hour mark, effects are starting to wane, but he is left feeling a sense of unexplainable satisfaction. The next day, he still feels in good spirits.

In the ideal situation, our friend Jack will retain a positive mindset for weeks or months following this three step at-home self-treatment protocol. Although there may be some tweaking needed regarding dose or following drug-timing protocol (and a book called “The Manual” to exist in the first place!), I genuinely believe that results like what we see with Jack in this hypothetical situation would be the norm, and not the exception.

HOW CAN THIS BE DONE LEGALLY RIGHT NOW?

Although I feel obligated to say that self-diagnosing and self-treatment is unwise, I can understand that some of the humans on this planet really cannot have access to the proper mental health care that they desire, and therefore, may desire to seek out alternative means of treatment – namely, self-medication with drugs. They may also live in a place where it is difficult, if not impossible, to find and consume illegal drugs like the ones mentioned above. What can they do?

From my studies of commonly used drugs and relatives of commonly used drugs, I have found that there are actually a multitude of drugs that are relatively similar in effect to the ones suggested in The Manual. Recently, I sampled 2-Fluorodeschloroketamine (2F-DCK) and found that the effects were nearly indistinguishable from Ketamine. There needed to be adjustments for dose and the material was less pleasant to ingest, but it seems like a viable alternative. As for alternatives to MDMA, a user may find therapeutic benefit from legally available drugs like 6-APB, 3-MMC, as well as other synthetic amphetamines or cathinones. I would definitely encourage the reader to do extensive research if they desire to ingest these chemicals, as these have much less research done on them. For relatives of LSD, 1P-LSD and 1cP-LSD are legal alternatives that are also nearly identical to their parent drug. There are also a multitude of other psychedelic drugs available that have therapeutic benefit, 4-AcO-DMT being my favorite :). Again, please do adequate research if there is a desire for self-medication! **UPDATE UPDATE**

WHAT ARE SOME PROBLEMS

Even though a list of all the known possible adverse reactions to drugs in the self-treatment Manual will be detailed within, there is of course the possibility that an individual will experience an unpleasant reaction that is not listed.

How will an individual know if they are “ready” to take a certain drug?

Dangers of self-diagnosis

EXAMPLES OF PSYCHOTHERAPEUTIC USE THAT ALREADY EXIST

Ann Shulgin, MDMA and 2C-B

OTHER IDEA – DRUGS COMBINED WITH OTHER DRUGS

Perhaps some drugs are better used in conjunction with another

HOW MIGHT THIS DESTROY THE PHARMACEUTICAL INDUSTRY

If you have not yet read the Essay on corruption in the pharmaceutical industry, I would highly recommend it!

The Problem is not Drugs. The Problem is the lack of Honest and Necessary Information about Drugs

Over my years of drug use, I have been shocked to notice just how little some people know about the drugs that they are putting into their bodies. I have watched people swallow cocktails of pills that had mixed effects: stimulation, sedation, psychedelia... the effects did not matter to some of these people. While it seemed that everyone that I saw do this did not kill themselves, there are many who *do* die by participating in this reckless behavior. Some of the most noteworthy people who died in this manner includes Whitney Houston, Michael Jackson, George Michael, Heath Ledger, and Philip Seymour Hoffman. If the person is lucky enough to live, there is an increased likelihood for unpleasant effects to be experienced. Some people might get panic attacks, while others could vomit. In extreme circumstances, these drug combinations could result in a user becoming unconscious, requiring emergency transportation. *Image: This is a collection of just some of the celebrities that have died from taking drugs, and most often a combination of them [Combo].*

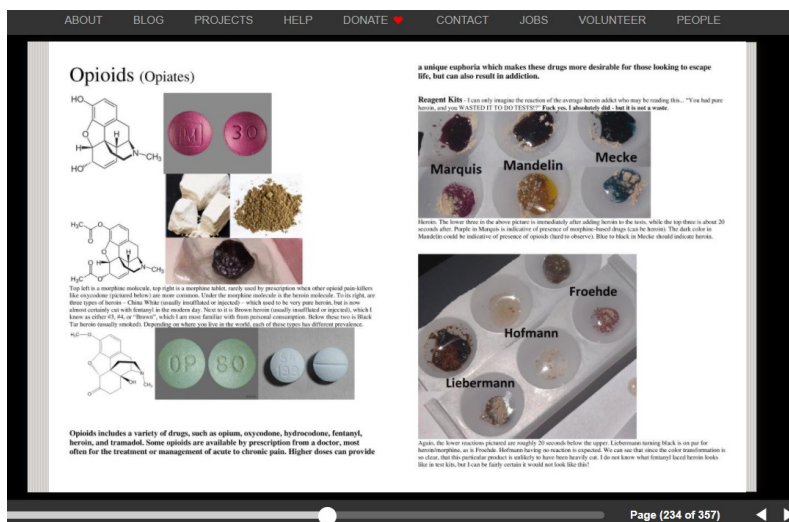


Perhaps some drug users simply do not care about their health, or perhaps, they simply do not know that what they are doing could be harmful. People associate drugs with feelings of euphoria and joy, and believe that two different drugs that both produce this euphoria can be mixed for an even *greater* level of euphoria. This is not always the case.

The dangers of taking drugs are not limited to unsafe combinations. There are many drugs on the black market that are currently circulating the world that are arguably more dangerous than any other drugs that have ever existed before. Fentanyl, which is usually sold as Heroin but is 50-100 times stronger, has been killing people at alarming rates. Synthetic Cannabinoids are being mass produced and spread throughout the world, but because they were so recently created, not much is known about their effects, and the risk of overdose is greater. Ecstasy pills are being pressed with drugs that are not MDMA, which can also result in unpleasant effects or even death.

How can we fight this problem?

A Free and Convenient Resource is Needed that is Accessible for Everyone that can provide Honest and Necessary Information to Drug Users



I attempted to create something like this in my first book, [Drugs of the Universe](#). Since I am no formal scientist, I was only able to collect what information I knew based on extensive experience and limited research to try to make the best book that I could to educate people about the potential harms of drugs. It is far from perfect, but I believe it serves as a good model for a resource we could have in the future. The ideal resource would be accessible by computer or cell phone from anywhere in the world.

It would not cost anything. It would provide a list of all the best harm reduction principles. It would teach drug users how to properly test their drugs with reagent kits to reduce the risk of harm. It could also give detailed information about which drugs should not be combined, versus which ones could be combined with relative safety. *Image: This is an image taken out of my book at the beginning of the Opioids chapter. I show some examples of what Opioids look like and give documentation for what a Morphine-type drug would look like in a reagent test kit.*

Rather than a book, perhaps this resource could be formatted as an easily searchable website or cell phone application. An individual can just search a drug name, and several pages of necessary information would pop up, with the most important warnings given first, such as "Don't mix drug X with drug Y" or "Do not take this drug when pregnant!"

Children and young adults need a more Honest Drug Education
Speaking for myself, when I think of my years in elementary and middle school, I am

Similar to how Spreading the Knowledge of the Harms of Tobacco resulted in Decreased Use, so might Spreading the Knowledge about the Real Dangers of Drugs

I believe that the spread of Perhaps the best example for why this would work can be taken from the history of the Tobacco industry. I believe the same would hold true for Drug use.

The Misinformation starts Early in Youth
Many are not given honest drug education. D.A.R.E.
Children should be taught about the health effects of drugs at a young age

Sources

Combo
https://en.wikipedia.org/wiki/List_of_deaths_from_drug_overdose_and_intoxication

Before reading any further, I invite you to keep your mind open. These ideas may seem farfetched at first, but allow yourself to embrace the possibility, even if just temporarily for this hypothetical situation.

First, let's try to imagine how this might be. We are now twenty to forty years in the future. For the most part, human beings actually care about each other's well-being. Children are educated about any and every issue as early as they are able to understand them. There is also likely an entirely new system of government in place. Most relevant to the following writing though, is that all drugs are legal and regulated. There is no cause for concern about impurities or mislabeled product. How might this work in a social environment? Let us see where "The Drug Bar" might take us.

Before being allowed to sample any substances, individuals must go through a rigorous entrance exam. For the safety of everyone, individuals will have to pass through a metal detector and get checked by security. After this, there is a basic physical health screening to see if there are any underlying medical conditions that may be aggravated by the use of drugs. Those who are deemed physically unwell will be unable to enjoy The Drug Bar. There is also a mental health screening, to make sure that the individual is of sound (enough) mind before ingestion. Following that, there will be a written test on whichever substance the person wants to sample. This will ensure the user is informed of some basic safety principles in advance. Waivers will be signed to remove all liability from The Drug Bar, as long as the proper protocol was followed by the organization.

Upon approval, the individual must state their intention before ingestion. What might be considered an "intention"? A few examples likely best explain this:

"I want to take LSD to experience an alternative perspective"

"I want to take MDMA to try to develop empathetic feelings that I was not previously aware of"

"I want to take Cocaine to see what it feels like to have artificial Power"

"I want to take Benzodiazepines so that I can feel a dulling of all my emotions"

"I want to take DMT so that I may try to communicate with the spirits"

The reasons could also be as simple as:

"I want to get high with my friends", or

"I want to take Heroin just because I am curious"

People will be monitored by their use and intention. Frequently attending The Drug Bar with the same intentions or arguably ill-intentions will result in a discussion with one of the Managers, who may choose to temporarily revoke membership depending on the scenario. The participant's history of substance use at The Drug Bar will also be reviewed at each visit. There may be limitations on the frequency of use or dose of drug for certain drugs. Limitations will also exist when it comes to the combination of drugs.

After the intention has been set, the individual will find the Bartender and obtain the substance(s) and equipment necessary for the experience.

There will be different types of rooms that individuals can go to in order to experience different feelings or effects. Some rooms may be visually stimulating, containing lights or brightly colored artwork. In other rooms, there may simply be a collection of chairs in a circle, meant to facilitate discussion. Similar to a traditional Alcohol bar or club, there may be multiple large rooms with loud music intended for dancing and increased socialization with others. There might be sensory deprivation rooms, rooms that are meant to serve as an enclosed one-on-one therapy session with a therapist, and even rooms that permit unique sexual encounters.

Since The Drug Bar is open 24 hours a day, individuals will be able to spend extended periods of time there. Nutritious food and drinks (but absolutely no Alcohol) will be served if needed.

WHAT ARE SOME POTENTIAL PROBLEMS?

Probably the most pressing issue is... what if somebody gets seriously injured or dies on the premises? This would likely be handled in a similar fashion to if someone were to get seriously injured or die while doing other high-risk activities, such as skiing, sky-diving, or bungee jumping. The signed waivers required upon entrance also remove responsibility from The Drug Bar. Similar to how large clubs or venues operate by having a medical tent, there will be a small staff of trained medical personnel on the premises to treat minor health issues.

As driving under the influence of Alcohol is not generally advisable and often illegal, depending on how much was consumed, it stands that driving under the influence of drugs may also be dangerous as well. The policy at The Drug Bar is simple: If an individual ingests any drugs, at any dose, they are forbidden from driving after exiting. Included within the waiver is a personal guarantee that no driving will be done for at least twelve hours following departure of the facility. If the individual decides to drive within the twelve-hour window after leaving The Drug Bar, and it is discovered by the Staff or Managers, then their membership will be temporarily revoked or they may be banned entirely. Perhaps if there is newer technology in the future capable of detecting recent drug use in the case of a traffic stop by a police official, this window can be modified depending on the substance that was used.

What if someone experiences a negative reaction from a drug? For those of us who have experienced or witnessed a “bad trip”, this can be *very* unpleasant to observe. Due to the high-risk and sometimes unpredictable nature of taking powerful mind-altering drugs, there will be a multitude of drugs on the premises that will successfully counteract the effects of the intended drug. Depending on the severity of the reaction, these counter-drugs can be administered orally, intranasally, or intravenously.

WILL THIS BE THE ONLY WAY TO OBTAIN LEGAL DRUGS IN THE FUTURE?

Similar to how there are bars that serve Alcohol and liquor stores that sell liquor in modern society, there will also be Drug Distribution Facilities in addition to places like The Drug Bar. These facilities will likely function similar to liquor stores. They will seek the identification of customers to verify the age. Individuals will be able to purchase a maximum of certain types of drugs, i.e. one gram of Cocaine per week. Perhaps some drugs will have higher age restrictions than others, depending on the intensity of the substance.

WHAT SETS THE DRUG BAR APART FROM A TRADITIONAL ALCOHOL BAR?

Not only have I attended many bars that serve Alcohol in my life, but I have also worked at them. There are many people that do not even know what Alcohol is doing to their bodies, yet we allow people to consume it legally. I have seen Alcohol users get blackout drunk (having complete memory loss of the entire night), assault others, or injure themselves. I believe facilities like The Drug Bar can actually facilitate more constructive substance use than currently happens at Alcohol bars.

To be honest, aside from the fact that there will be a rigorous entrance exam and wider variety of substances offered, there really is not much difference. People are coming for the purpose of altering their state of mind.

THERE ARE LIKELY PLACES LIKE THIS THAT EXIST ALREADY

While I cannot prove it, I feel confident in saying that there are locations like my fictional Drug Bar that already exist in today’s world. These locations are unknown to the general population, and likely only available to those who may be considered Above-The-Law, such as the extremely wealthy, the very famous, or the exceedingly intelligent.

How does this work?

To those who are arguably drug naïve, they may think that treating drug addiction with other drugs will only lead to more problematic drug use. When looking at how drug addictions are currently treated in the modern world, most of the time drugs are administered over an extended period of time, perhaps weeks or months, in order to mitigate the symptoms of withdrawal. But what if there was a drug that could be taken that would help the addict rationalize their drug addiction, and with just one use, they could be virtually cured? While this sounds impossible, I assure you there is evidence that drugs like this exist.

LSD to cure Alcoholism

Many are familiar with Alcoholics Anonymous (AA), the organization that operates worldwide to help alcoholics to stop consuming their drug of choice. Interestingly, Bill Wilson, the founder of AA, actually had a history with LSD, and discussed how it helped him beat his addiction to Alcohol.

In the 1940's, LSD was given to alcoholics in mental hospitals. While the AA program had only been able to help about 5% of patients, with LSD, they were able to help more than 15%. Shortly after, one study done in Canada reported a 70% recovery rate [BillWil]. Bill's description of how LSD made him think is probably best described in this letter:

"[LSD] seems to have the result of sharply reducing the forces of the ego," Bill noted, pointing out the "generally acknowledged fact in spiritual development that ego reduction makes the influx of God's grace possible... [LSD] will never take the place of any of the existing means by which we can reduce the ego, and keep it reduced," Bill acknowledged. But he went on to roll out the classic justification for spiritual innovation by noting "the probability that prayer, fasting, meditation, despair, and other conditions that predispose one to classic mystical experiences do have their chemical components." If such exercises aided "in shutting out ego drives, opening the doors to a wider perception," why not evaluate the more honestly chemical LSD in the same way? [BillWil].

It seems that Bill was trying to preach how LSD could lend towards enhancing the spiritual energies of humans, whereas Alcohol decreased these sensations. So powerful were his experiences with LSD, that he wanted to share them with almost every Alcoholic he met. In the present day, AA discourages the use of any drugs, and from what I have seen, those higher-up in AA's ranks seemingly try to ignore Bill Wilson's experiments with LSD.

In one study I observed, which stated how readily available psychedelics were for research in the 1960's, the primary focus on addiction treatment with LSD was for alcoholism. When looking at 536 participants who were given between 210 and 800 micrograms of the drug, they were nearly twice as likely to show abstinence or nonproblematic drinking at the first post-treatment followup. The beneficial effects of LSD were reported to remain significant for up to six months [Psilo].

LSD to quit Smoking Cigarettes



This is a personal experience of mine, but one that has resonated with me since the day it happened. One day, when I was feeling particularly adventurous about six years ago, I decided to ingest about 800 micrograms of LSD. This was not a very high dose for me at the time, as I was using the drug roughly once a week. I had been smoking Cigarettes pretty regularly for several years, taking occasional week-long or month-long breaks, but nothing very significant. I had wanted to quit, but every time I tried, my attempt failed.

I had read several reports online about how some users were able to stop smoking with a high enough dose of LSD. I set the intention in my mind before the trip started that I would make an attempt to quit smoking Cigarettes. *Image: According to this source, a Vice news article, the publisher reported quitting Cigarettes after taking a dose of LSD [Vice].*

When the LSD starting taking effect on this particular occasion, I was overwhelmed with emotions! There was laughter and there was joy. There was also sadness, and there was fear. It was one of the most powerful trips of my life, and the effects snuck up on me rather unexpectedly. I can remember it very clearly. I was smoking a Cigarette, watching the smoke burn off the end, fascinated by how it twisted and blended into the air, but then it is like a light flicked on in my brain. “Why are you smoking? This is bad for you!” I kept looking at the Cigarette, and really connected this thought to the reality that Cigarettes are absolutely horrible devices for human beings to consume. I threw it away after finishing half of it, and did not pick up a Cigarette for at least two years.

Psilocybin to treat Cocaine Addiction

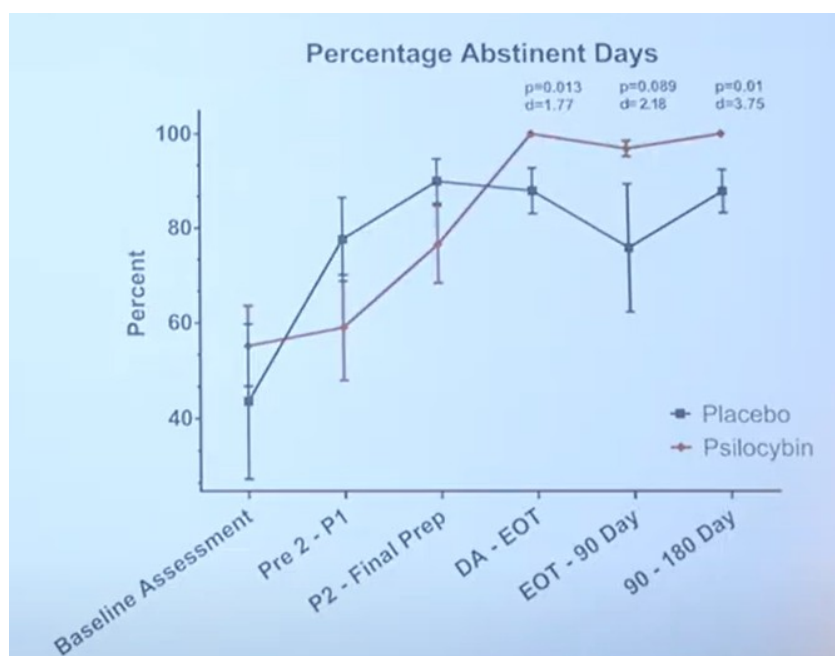
Approximately 2.3% of Americans have used Cocaine in the last year. Out of the estimated 14-20 million Cocaine users worldwide, about 7 million meet the criteria for a Cocaine use disorder. In addition to the addiction, people’s lives can be dramatically changed by the drug. They can spend excess money and their emotional state may suffer. There are also cardiac issues associated with the drug, with some even saying it is like a user is having a “mini-stroke” every time they use the drug. For many years, after testing at least 60 medications as potential treatment routes for Cocaine abuse, there has virtually no success. Cocaine dependence is considered by some the “holy grail” of drug abuse, being the “hardest nut to crack” [Cocaine].

From some older literature sources from decades ago, Psilocybin has been useful in treating Alcohol and Opioid dependence. Even newer literature has stated that the drug is effective at treating Alcohol dependence and for Cigarette smoking cessation. These results have caused researchers to theorize that Psilocybin may have an inherent ability to reverse addiction [Cocaine].

In the study depicted in the source video, there is only valid data for ten participants, which is fairly small by any standard. All participants were dependent on Cocaine, but no other substances, except tobacco. They were all over 25 years old and in good health. They also had no other psychiatric

diagnoses (depression, psychosis), and no family history of psychiatric disorders. Most importantly, the users had to have a goal of complete abstinence. Many participants had difficult lives, either homeless or not making enough money to adequately survive in life. The average reading level was determined to be at about a fifth-grade level. When it came to recruiting, two meetings were required before the study could be commenced. Consistent with what is believed about Cocaine users, 70% of eligible participants did not come to the first meeting. Another 60% who did come to the first did not come to the second, indicating some hesitance at rehabilitation from the drug. MRI scans are done, and then the drug is administered in as comfortable a setting as the therapist can allow. The placebo was Diphenhydramine (Benadryl). Therapists ask the users questions, trying to see if they can get individuals to the heart of the problem. There are follow-up appointments for several weeks after the experience. Some who received Psilocybin treatment said they did not want to come in for appointments weeks in the future, believing they were already “cured,” which makes it difficult for researchers to form genuine conclusions [Cocaine].

To see results, the researchers tried to figure out how many days the Cocaine users were not using. It is one of the best measurements they have for observing stimulant addiction. What sets this study apart from others is that they do not claim to be an abstinence only approach. To them, if a Cocaine user was using every day, and then the use drops to once a month, it is considered a victory. While this could still be indicative of future problematic use, more often than not it is considered a step in the right direction towards complete abstinence. Many reported



having an extremely serious spiritual or mystical experience. Out of the six participants who were given Psilocybin, two reported that it was the most important experience of their life, while the other four said it was in the top five experiences. The most profound effect indicated by the graph above is the number of abstinent days from the time of Drug Administration (DA). For those who were given Psilocybin treatment, participants were abstinent for almost 100% of days at immediate follow-up appointments, and were abstinent for almost 100% of days at 90 days, and then back to 100% abstinence at 180 days later. This was confirmed by urine drug screens. The researchers were shocked by these findings, saying that it is uncommon for people maintain abstinence when there are multiple months in a break from therapy [Cocaine].

MDMA to Treat Drug Addiction

MDMA is currently in Phase 3 trials for approval as a therapeutic agent for treatment of post-traumatic stress disorder (PTSD). There has been evidence that it will be helpful for those who suffered from

trauma from physical, emotional, or sexual assault, or for those who witnessed traumatic events, such as combat while at war. MDMA could be useful for the treatment of substance use disorders for multiple reasons. On one hand, since the drug has psychostimulant properties, increases in mood and energy are common. On the other hand, it shares properties with psychedelics, such as altered perception, which can allow users to view events in a new way. MDMA also facilitates the release of the hormone oxytocin, which is responsible for feelings of empathy and trust. When under the influence of MDMA, people report increased feelings of compassion, feelings of sociability, and a greater empathy and care for themselves and those around them [MDMA].

While there have been no formal studies that directly observe the effect of MDMA on reducing substance abuse, it is believed that problematic drinking stems from PTSD. It is theorized that by treating PTSD, this will indirectly reverse substance problems, since oftentimes addiction can stem from traumatic issues. It was found that individuals who responded positively to treatment of PTSD is more likely to translate to a reduction



in substance abuse issues, whereas those who may have responded positively to substance abuse treatment did not have a similarly positive outcome for PTSD. Also, people who were treated for PTSD were less likely to relapse, as PTSD is often associated with comorbid substance abuse or dependence. One of the major issues of those suffering from drug addiction is that they avoid trauma-related memories or thoughts. This avoidant behavior is tied to poor coping skills, which can result in excessive drug abuse. With the addition of MDMA and its empathic effects, individuals who suffer from substance abuse problems may be able to better observe what substance abuse has done to themselves or others with proper psychotherapy. This self-awareness may help with those who may still deny they have any problem with drugs. Image: This is a PTSD therapy session, with two therapists focused on one patient. In Phase 2 trial results, after 12 months, 68% of patients "no longer had PTSD" [PTSD].

Using Ibogaine to *Cure* Opioid Addiction

When I first heard about the miracle powers of Ibogaine, I was immediately fascinated. There were some outrageous claims, such as the fact that the drug essentially "reset" the Opioid receptors in the brain, seemingly curing the addiction with just one use. Even though the drug has little recreational potential, it is still a Schedule I drug, making it hard to do research on in the modern day.

According to one article, Ibogaine is said to have anti-addictive qualities. There is evidence in animal models that administration of the drug actually decreases self-administration of Cocaine and Morphine. In rats, the drug has been shown to decrease signs of Morphine withdrawal and reduce self-administration of the drug. Similar results were seen in mice and monkeys [Ibogaine].



As for the process of effect, patients treated with Ibogaine will usually see a reduction of symptoms of withdrawal and a decrease in craving within 1-3 hours after administration. The most intense effects of the drug persist for between 4-8 hours in the acute phase. Individuals describe this period as a panoramic recall of "large amounts of material relating to prior life events from long-term memory." After this acute phase, for another 8-20 hours, the amount of recall of past events decreases,

and instead the individual's attention is directed towards evaluating the material from the acute phase. Insomnia is likely for about 72 hours following administration of the drug. Patients have reported significant reductions in total substance use for weeks or months following treatment, though evidence is lacking [Ibogaine]. *Image: Native to western Africa, the Tabernanthe iboga, as it is scientifically called, grows on trees [IbogaPic].*

In this particular study, which followed treatments of 33 patients, 76% of those who were Opioid dependent had no craving or withdrawal sign at 24 hours post-Ibogaine administration. They also did not seek drugs for the next 48 hours after that as well. About 12% of those involved in the study reported that they were not suffering from withdrawal, but still decided to resume Opioid use. It was noted that patients seemed to respond better to higher doses of Ibogaine that corresponded to high doses of daily Heroin use. Most of those who decided to return to drugs were given a relatively low dose of Ibogaine relative to their Heroin use. Nearly every volunteer who received high-dose Ibogaine treatment did not return to addiction. As an added bonus, gratefully, it seems that there is no neurotoxic damage from Ibogaine at the levels necessary to mitigate Opioid addiction and withdrawal. Even for those who are not suffering from drug addiction, the administration of Ibogaine may have potential psychotherapeutic significance [Ibogaine].

A Former Opioid Addict's Testimonial for Ibogaine [Erolboga]

In one report that I discovered on Reddit, the individual had been addicted to Opioid drugs for more than five years. They had Percocet, Oxycontin, and Opium tea on a daily basis. Confronted with the option to take Methadone, simply stop all use (cold-turkey), or indulge in Ibogaine, he opted for the latter. The user made sure he was well prepared by doing copious amounts of research and watching "Rite of Passage."

Following direction to wait 12 hours after the last Opioid intake, he dosed the Iboga. He said that within a matter of minutes, it felt as though he did not crave the Opioids. The hallucinations were intense at times, and the user reported feeling as though they were almost paralyzed on their bed. He had a bucket next to the bed for when he vomited, but wished he had got water for himself. He said that he felt as if he was being "stripped" from the inside out from the Opioid receptors in the brain. It was painful at times, but after the experience was over, he says he felt stable and much better. Two days

later, he had no signs of detoxification from Opioids and no craving whatsoever. He reported feeling “brand new” and had no desire to put another substance in his body.

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Part 5: Some Powerful Personal Drug Experiences

Why document experiences with some of the most stigmatized drugs?

Why Include this Part?

I went back and forth about whether or not to broadcast this last part of the book, but after much consideration, I believe that providing the most honest information about these drugs that I can will actually help with my purpose. I am sure there will be some individuals that argue that describing these experiences to the lengths that I have with some of the most stigmatized drugs in today's society could hurt my argument for drug legalization. If it does, I will accept it, because I believe that spreading this knowledge is vital. Before getting into all the exciting details, I think it would be prudent to briefly describe my interest in drugs, and how this may help the reader better understand why I have handled things the way that I have.

First of all, for those who read my first book, [Drugs of the Universe](#), they will already know how much I love documenting drug experiences in detail. This fascination grew on me the more unique drugs that I personally experimented, but when did the initial drive begin? I originally discovered the powerful mind-altering effects of drugs in my late teens and early 20's, and since then, I have been absolutely captivated by how they work. How is it possible that the leaf of a plant, a tiny pill or a small bit of powder can have such a profound change on the consciousness? My curiosity drove me to some magnificent discoveries. Some drugs, such as Methamphetamine, are so stimulating that a user can stay awake without any sleep for days, sometimes even weeks at a time. Other drugs, such as Benzodiazepines, can have quite the opposite effect where they can induce such a deep state of sleep that a user can stay asleep for days, sometimes even entering a permanently comatose state. In addition to this, there are a multitude of other effects that one can experience from taking drugs, such as desiring to question the purpose of existence, perceptibly slowing time down, becoming more honest, or even developing feelings of empathy for the rest of the human race. The more research I would do, the more interested I became, and the more knowledge I gained, until eventually studying their use and functionality has become a life path for me. As my years of learning progress in the study of drugs and pharmacology in the future, I look forward to giving a more scientific perspective.

However, for now, since I do not have any college degrees or formal certifications on the subject matter contained herein, why listen to me? While I am no licensed doctor, I do still possess some knowledge. Many years have been devoted to independently studying drugs and their effects. Additionally, I can provide quite a wealth of experience. Over time, my collection of drug experiences grew from just a few commonly known drugs to over 100 unique substances. My love of documenting these experiences grew, as did my ability to accurately describe them, and evidence of this can be found littered throughout the internet on various platforms from many different usernames. However, trying to find all these experiences over the years would be exhausting, so I focused and concentrated all my knowledge into my first book. This is perhaps the most valid "credential" I have, but I think it is valuable and contributes to my cause.

But why Inject Heroin, Smoke Crack Cocaine, and Vaporize Methamphetamine?

My reasons for adding these particular drugs are because they are often referred to as the "worst" or "most harmful" drugs that exist today. Since one of the central parts of my argument is that ALL drugs should be legal, no matter how "bad" society might think they are, my hope is that by detailing my experiences with these drugs, I can dispel some myths and educate the general population. It must be stated that by trying to dispel these myths, I am NOT trying to encourage others to sample these

substances. In fact, whether or not you might be a curious drug explorer like myself, it is actually my goal to have you *lose the desire* to take these drugs in this way. My hope is that by describing these experiences with passionate enough detail, your curiosity can be satiated, and you can avoid using these substances.

Of course, if you *are* a curious drug explorer like myself, there is a chance that by reading these experiences, you could be triggered to try to use these drugs the way that I have. For those of you that this may apply to, I am CAUTIONING you NOW. Perhaps do NOT read the following chapters as this may influence you negatively. If you do want to sample these substances, please try to really think about the decision you are going to make before you make it. Additionally, if you believe you have an addictive personality or addictive tendencies at the moment, I would highly advise staying away from these particular substances. Having personally been addicted to various drugs in the past, it was not fun. Fortunately, I was never addicted to the drugs that I describe in the upcoming chapters, but based on my limited experience with them, I can only imagine how difficult and painful it must be. Be careful.

What I can tell you from having experienced these drugs, is that while the pleasure was intense and even blinding at times, each experience lacked depth and was ultimately unfulfilling in and of itself. There was some personal fulfilment in growing my list of experiences with drugs to include substances administered with some of the worst stigma in Am I glad that I took these drugs

The Importance of Stating Intention and Setting Limits before Using Drugs

The importance of stating intention was described several times throughout this book, but I believe that stating intent before substance use is very powerful, especially when it comes to traditionally addictive drugs such as Opioids, Nicotine, or Methamphetamine. If a person goes into the use of drugs blindly without declaring a reason why, I believe there is a greater chance for self-harm. One example of stated intention might be, "I am taking this drug because I want to have a

Why include experiences with MDMA and 4-AcO-DMT?

While Heroin, Crack Cocaine, and Methamphetamine seem to have little psychotherapeutic benefit based on my limited experiences with them, I believe there are other drugs that have great potential in this field.

One Final Note... Do your own Research!

While I tried to provide the most accurate and honest information that I could, this is probably not something you should look to as the Gospel on drugs.

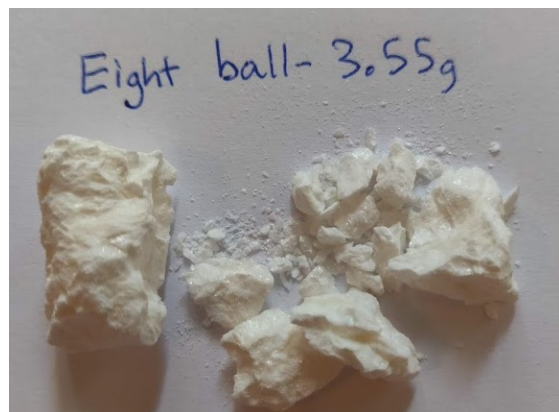
Experience Smoking Freebase (sp?) Cocaine (Crack Cocaine)

So, what *does* it feel like to smoke Crack? Let's find out!

Reagent Testing of Cocaine



Summary of tests: Base picture was seconds after test applied. Superscript picture in each frame was about 15-25 seconds after reaction. For the Marquis test, the whole process from first to third picture was approximately 90 seconds. Froehde, Simons, Mecke, Ehrlich, Hofmann – No reaction. Liberman, fades to deep orange – indicative of quality Cocaine, though the time-lapse indicates that there may be some levamisole present [Red1]. Mandelin saw a darkening of color – indicative of Cocaine. Marquis had a faint pink/orange hue come to it over a period of time, though this could be some indication of slight impurity, research has told me that this color change is not heavily problematic It may also simply be secondary alkaloids [Red1]. When the Cocaine was physically sampled, it seemed to be of very high quality (speaking only from personal experience).



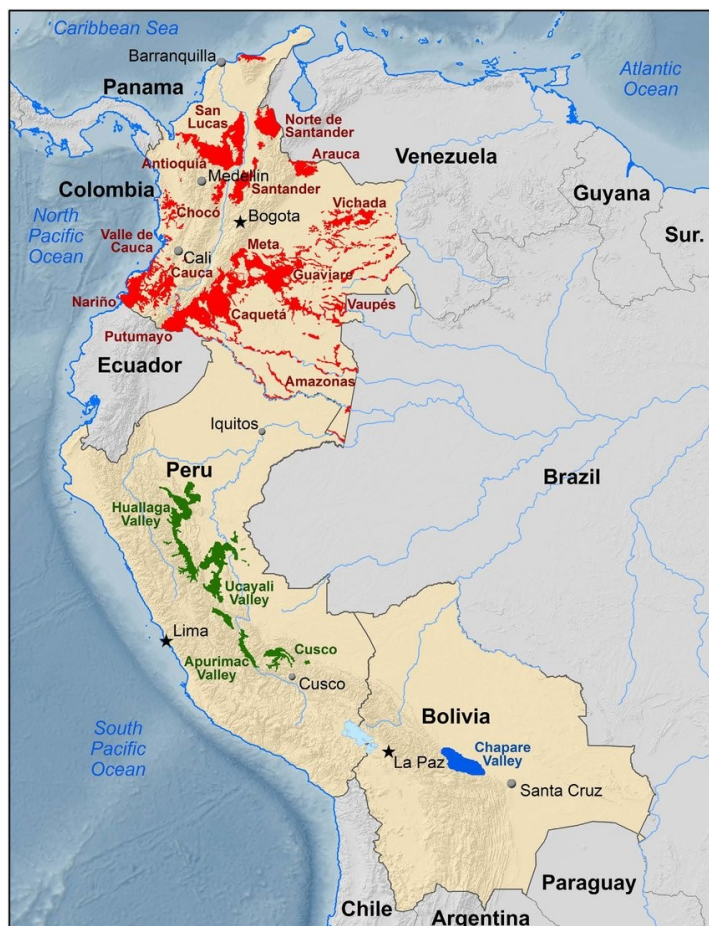
This is roughly what 3.55 grams, or an “Eight-ball” (an eighth of an ounce) of high-purity Cocaine looks like. Note the crumbled features and shiny appearance. Of course, appearance alone does not indicate quality, but my source had the product lab-verified at 80% purity, which is exceptionally high compared to today's standards, where some of the street-grade Cocaine may have less than 40% purity, sometimes only having 10-20%. Many street-grade samples are now found having 5% or less, and containing euphoric stimulant Research Chemicals such as Mephedrone analogs or other similar drugs.

Interesting Facts about Cocaine and Crack Cocaine

Coca leaf, Cocaine, and Crack Cocaine all generally reference the same drug, but in different forms or and concentrations. Cocaine is extracted from the Coca leaf, native to South America. This leaf has been chewed by indigenous people for thousands of years and brought them energy and mood lift while

decreasing appetite. The concentration of Cocaine in Coca leaf is about 0.5% - 1.0% [Concen]. It is usually extracted into Cocaine Hydrochloride (HCl), the common for insufflation or injection. It can also be transformed to the freebase form, Crack Cocaine, intended to be smoked. Cocaine HCl cannot traditionally be smoked effectively because fire usually destroys it, whereas converting it to its freebase form allows for effective combustion.

From my experience, the purest Cocaine will come in rock form, decreasing the likelihood of cutting agents. Some distributors will still cut the drug with various other substances or drugs to maximize profit.



After Cannabis, Cocaine is the second most popular illegal drug in the United States. The United States is also the world's largest consumer of Cocaine [Stats]. While Cocaine is native to South America, it does not grow throughout the entire continent. The primary and known growing locations are in Colombia, Peru, and Bolivia, with the highest concentration of Coca leaf farming in Colombia (70%). Peru accounts for 20% while Bolivia accounts for 10%. According to the most recent figures, 1,131 tons of Cocaine (with varying levels of purity) were seized in 2018. There are approximately 342,017 soccer fields worth of Coca fields. Estimates of production are up from the previous year, at about 1,723 tons of pure Cocaine. There are an estimated 19 million Cocaine users across the world. It is said that the rate at which Cocaine manufacture occurs is slowing, despite figures of the total manufacture of Cocaines doubling between 2014 and 2018 [WDR2020]. *Image: What is shown is where the known hot spots for Coca leaf harvesting are. Colombia, near the border*

of Mexico is the largest supplier of Cocaine [SAmap].

In rats, it is estimated that 17.5mg of Cocaine per kilogram is lethal. If this were translated to humans, that would mean that an 80kg (175lb) person would require about 1.5 grams of pure Cocaine to overdose in intolerant individuals [CokeOD]. Of course, great care should be taken when extrapolating the data of animals to humans. While I have heard of super-tolerant users being able to tolerate this much Cocaine, I would advise to stay as far away from this potential overdose limit as possible.

Bizarrely, distributors are cutting Cocaine with Fentanyl at times. It seems the chance of this happening has been increasing in recent years. The rate of overdose



DEA illustration of 2 milligrams of fentanyl, a lethal dose in most people

deaths from Cocaine spiked in 2015 and 2016 when Fentanyl was beginning to more seriously enter the drug supply [FentCoke]. This is particularly dangerous, since the overdose level of Fentanyl in an intolerant user is estimated to be about 2mg, which is no bigger than a few grains of sand. If the distributor does not know how to properly distribute a cutting agent like Fentanyl into their product, they will likely end up inadvertently killing consumers. *Image: This is what the estimated lethal dose of Fentanyl looks like [DEA].*

Sigmund Freud, an Austrian neurologist best known for establishing psychoanalytic theory in psychology, abused Cocaine regularly. He would share it with some of his patients in an attempt to facilitate conversation. While much conversation was had, Freud's methods of psychoanalysis have come into question, perhaps in part because of his rampant Cocaine abuse [Hist]. There are some allegations of sexual assault in his practices. In many circumstances, women came away from his services feeling worse than when they started [Daily].

In one study conducted by the University of Alabama, they were able to use Psilocybin as a treatment for Cocaine addiction with great success. For more information about this, please see the essay in Part IV [UPDATE THE ESSAY HERE].

The Laws about Cocaine Versus Crack



At one point in the late 1800's, Cocaine was legal for purchase over the counter, usually for the purpose of a local anesthetic in the form of toothache drops. Additionally, it used to be added to wine in vin Mariani, believed to "restore health and vitality" [Hist]. The drug was even distributed in the original Coca-Cola! The Harrison Narcotics Act was one of the first pieces of legislature that controlled drugs in the United States. It effectively banned the sale of Coca and Opium products [Hist].

In South America, Coca leaf is legal for the most part, and in some countries, small amounts of cocaine are actually legal to possess as well. Since 1994, Columbia permits no more than one gram for personal use. The sale of the drug is still illegal, but personal production or Cocaine "gifts" are permitted. In Peru, up to two grams of Cocaine or up to five grams of Coca paste (freebase) are legal to possess. The drug is decriminalized in Argentina, Bolivia, and Brazil in South America. Outside of South America, in Mexico, individuals can possess up to one gram legally. In Europe, the drug is decriminalized in the Netherlands (kind of!), Switzerland, Portugal, and the Czech Republic [WikiLegal].

Crack Cocaine only began to sweep the streets in the early 1980's. It was not until 1986 that it was made illegal. The current president, Joe Biden, who was at the time a Democratic senator from Delaware, stepped forward with a bill to try to address the new Crack Cocaine crisis. The bill was to bring increased funding to drug treatment



programs and increase penalties for drug offenses. It passed overwhelmingly, even having the support of black legislators, and president Ronald Reagan signed it into law. The Anti-Drug Abuse Act authorized \$1 billion for drug enforcement, education, and treatment. The most controversial aspect was the “100-to-1” rule, where a five-years minimum sentence was required for those who possessed 500 grams of Cocaine, or just 5 grams of Crack Cocaine. The Reagan administration suggested a “20-to-1” rule while House Democrats thought a “50-to-1” rule would be sufficient. Biden took full responsibility later in 2002 for the “100-to-1” rule [Washy]. Image: Joe Biden in 1986 from a video clip showing intense support of harsher penalties for certain drugs [JoeyB].

This was only changed in 2010 by former president Barack Obama. He passed the “Fair Sentencing Act,” which ironically is still unfair by definition, as the rule changed from a “100-to-1” to an “18-to-1” ratio. After this was changed by the former president, there was a drastic drop in federal Crack convictions [Washy]. Still, seeing disproportionate ratios of punishment for virtually the same drug is still inherently racist.

2016 – 2/3 of Crack users are white or Hispanic, compared to 1/3 that are of African descent – video, but 80% of those charged for Crack are black.

What was my Impression of Crack Cocaine before ever having taken it?

I believe starting with my impression of Cocaine would be useful. As I was growing up in middle and high school, while I had heard of the drug, I thought it would most often be used by poor people. I did not really have much of an idea of what the drug did, as I was mostly sheltered from this type of lifestyle, both in real life and in media. My parents did not talk about it. They had taught me to stay away from Alcohol, Cigarettes, and Cannabis, but other drugs were rarely mentioned. Indeed, I *never* thought I would go near any drugs at that point in my life.



When I got to college, after I started experimenting with Cannabis and MDMA, I discovered that my closest friend at the time had a father who was heavily addicted to Crack Cocaine while she was growing up. After we had experimented with several drugs together, she made me promise that I would not try Cocaine. From that point on, I had it set in my head that Cocaine was simply “bad” and that I would never touch it. I had determined that Cocaine and Crack were virtually the same drug at this point,

with one that was insufflated and the latter was smoked. I also had the vague idea that Crack Cocaine was a “poor black man’s drug” and Cocaine was a “rich white man’s drug.” At least, this is what I had been conditioned to know by the media. *Image: This is what the most common crack-smoking pipes might look like* [CrackPipe].

Since college was the time when I began to explore drugs more liberally, I had done some research on these drugs. I discovered that Cocaine is actually used by rich people in the upper levels of some companies. I had been told by a co-worker at one of my computing jobs that when he worked at the

Sony corporation, he would watch the top-level executives send “Coke-runners” up and down stairs to fetch Cocaine for business meetings. What is it about this drug that made it so enticing?

I did not know anyone that personally smoked Crack Cocaine (at least I don’t think I did at the time) until after college, but my research told me that Crack was a more intense and shorter-lasting Cocaine high.

My First Time trying Cocaine

Despite the promise that I had made to my close friend, I still ended up trying Cocaine. I would estimate that I had sampled at least 20 other drugs at the time, and I thought I would try some Cocaine just to “add it to my list,” as I became a sort of collector of experiences. While I did not seek out the drug explicitly, it came to me one night at a bar while I was out with a group of friends. Someone had some apparently “amazing” Cocaine, and was down to share. We snuck off into the bathroom to do a couple bumps.

Compared to other drugs I had insufflated, such as Ketamine or MDMA, the burn was relatively slight. I remember feeling a small lift after just a couple minutes, and me and Rob (who supplied the Cocaine) became rather chatty as time built. There was an increase in energy and mood lift, almost similar to a light dose of MDMA (as I would have described at the time). The duration was very brief though, perhaps 20-30 minutes. The come-down was surprisingly rough for me. I felt a little anxious and agitated and had difficulty sleeping that night. Looking back on this experience, I do not believe that I actually had real cocaine. Regardless, the “seal” had been broken, so to speak. I now wanted to try this drug in different doses and environments to see what all the hype was about.

My Prior Cocaine Use

Finding quality Cocaine was always a challenge. From what I know about pure Cocaine, the dose should only be about 10-20mg at a time in intolerant users. I can recall the second or third time that I was trying the drug at a house party, one of the Cocaine dealers there was laying out at least 100mg+ lines. After having watched several people try one, I thought I would try one as well, not knowing what to expect. Several minutes passed and I would describe the feeling as a snorted triple espresso. I was almost certain that I had only ingested Caffeine and no Cocaine whatsoever. As I was Caffeine intolerant at the time, this gave me a racing heart and anxiety. Others who ingested this mysterious drug seemed to not be displaying negative effects, probably because they all had some degree of Caffeine tolerance.

One of the few times I was lucky enough to get Cocaine of good quality, the experience was much different than I expected. I felt positively euphoric and a very clean energy came over me. I thought I would want to clean my house or start fixing things as I might on a comparable dose of Amphetamines, but I was perfectly content to just sit and enjoy the feeling.



Similar to Heroin, I actually tried intrarectal administration of Cocaine. There was a surprising warmth that radiated throughout my body, and it is as if there was a euphoria that could be felt throughout. It is worth mentioning that I had taken a 1mg dose of Alprazolam (Xanax) the night prior so the effects arguably altered or diminished. If the reader is curious about specific effects as they changed from minute-to-minute, I documented the

experience in my first book, [Drugs of the Universe](#) (p 228). *Image: This indicates where the drugs go to get the maximum effect from intrarectal administration [Rectal].*

What is my Intention when taking the drug in this manner?

Similar to my adventure with intravenous administration of Heroin, one of the dominant intentions is to satiate my curiosity. I want to know what it is about this drug that apparently makes it so powerful and addictive. So many times have I heard individuals express that, “Once you start smoking Crack, you don’t stop until all the Crack is gone!” Is this true? Will it really change me that much? Will I become a completely different person?

The next most important intention is to take the drug and document it closely so that it can be shared with anyone who wants to know about it. From my observation there is a rather serious divide between drug users who use “hard” drugs, such as Crack, Heroin, or Methamphetamine, and drug user who use “soft” drugs such as prescription medication, insufflated Cocaine, or Cannabis. The biggest differences between the two types of users are the concentration of the drug and the method by which it is consumed. When it comes to prescription pills, such as the infamous pain-killer Oxycodone, the way it affects the brain is nearly identical to Heroin, it is just that Heroin is more commonly insufflated, smoked, or injected allowing for more intense effects, whereas with Oxycodone, the drug is usually absorbed orally and therefore has much milder effect. The same can be said for powdered Cocaine versus freebase Cocaine. The powder form is normally insufflated and effects build more slowly and decrease more gradually. For Crack Cocaine, since it is smoked, effects will build very rapidly, as the surface area for absorption in the lungs is much greater, resulting in more of the drug getting to the brain faster.

It is my intention to sort of “bridge the gap” between the two types of drug users. I want to show that there is actually not much difference between those who use the “hard” drugs and those who are using more socially acceptable drugs.

What was the process like to Acquire the Necessary Equipment?

I had actually believed that Crack Cocaine was vaporized, similar to how Methamphetamine might be smoked, but then learned that Crack is usually smoked with direct contact with the flame, whereas vaporization involves heating another surface to a hot enough temperature that the drug will turn into a gas.

What is the process of Smoking?

I had heard the process was not as easy as just putting the Crack into the glass pipe and smoking it! No, it is a bit more complex than that.

The Actual Experience

Okay, let’s do this!

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Documented Experience of Intravenous Diacetylmorphine Hydrochloride (Heroin) Administration

Here it is. I am sure many of you are curious – some even skipping everything else in the book just to get here. What did it feel like to inject Heroin directly into my vein?

Again, if there is any chance that reading about my experience may trigger relapse or painful emotions, please proceed with caution.

<https://www.independent.co.uk/independentpremium/long-reads/british-system-heroin-treatment-diamorphine-a9017771.html>

POST FAILED HEROIN PICS!!!! THIS IS WHAT HEROIN DOES NOT Look like.

Interesting Facts about Heroin

Although it is commonly thought to be the most addictive drug of all time (and it may very well be), not everyone who tries the drug becomes addicted. It is estimated that between 20-30% of those who try Heroin become addicted [Hero1][HeroAdd]. This number is still relatively high compared to addiction rates of other drugs.

According to Monitoring the Future, who tracks drug use in 8th, 10th, and 12th graders, approximately 0.5% of 8th graders, 0.3% of 10th graders, and 0.4% of 12th graders have used Heroin in their lifetime [MontFut]. When looking at the renowned prescription Opioid, Oxycodone, approximately 2.4% of 12th graders have used the drug [MontFut]. Those who have tried prescription analgesics are far more likely to use Heroin as they get older.



Citing statistics previously described in my first book, [Drugs of the Universe](#), the amount of Diacetylmorphine needed for overdose is about 200mg, but can be as low as 60mg in hypersensitive individuals. For Fentanyl, overdose in intolerant users can be as low as 2mg. When looking at Oxycodone, median overdose was determined to be about 70mg of instant-release and 240mg of extended-release. When asking the police officer who removed my friend's body from his room in the apartment where he died from an Opioid overdose, he mentioned that about 97% of the toxicology reports taken from overdose

victims are positive for the presence of Fentanyl. This means that only a few out of every hundred or so bags of Heroin will actually contain any Morphine-type product, such as Diacetylmorphine. *Image: This is the amount of Fentanyl required for overdose in intolerant users [DeaFent].*

Interestingly, Heroin was originally distributed with the intent to try to help treat Morphine addiction. This is obviously extremely ironic because Heroin seems to have an inherently more addictive nature, especially when administered intravenously. Unsurprisingly, when the Bayer company mounted a campaign to mail samples of the drug to Morphine addicts, incidence of Heroin addiction increased [PBS]. Heroin also used to be available for purchase over the counter.. Despite the original intention to be a less addictive form of Morphine, Heroin actually seems to be the more potent of the two. Given intravenously, it is faster in onset of action and 2-4 times more potent. It is noted that while the potency may be different, the pharmacological effects of Morphine are nearly indistinguishable from that of Heroin. Perhaps the most important note when comparing the two drugs when injected, is that Heroin has greater lipid solubility, resulting in a greater penetration of the blood-brain barrier [HeroTher]. When drugs have a greater ability to pass through the blood-brain barrier, which is essentially a thin wall between the blood stream and the brain, there is an increased potential for drugs to enter the brain and pleasurable effects to ensue. This may be why Heroin can have such a “rush” when administered in this manner. *Image: Heroin sold by the Bayer company circa late 1800's or early 1900's [BayerHero]*



In treating long-term Opioid dependence, **medically prescribed Diacetylmorphine (Heroin) was a more effective treatment than Methadone** [OpeDep]. Please reread that last sentence again, then do more research if interested. The topic is quite fascinating.

What was my Impression of Heroin before ever having taken it?

Like many people, I thought Heroin was just “bad” and there was no reason for using it. I automatically assumed that everyone who has tried it was just plain stupid. “Why would anyone do Heroin when everyone knows it is the most addictive drug?” I would often wonder to myself. I thought back to what they told me in school how teachers would say if you took just one hit, you would be hooked for life. The fear tactic was rather effective, and because I was so scared of the drug, I was determined never to touch it.



Drug education in middle and high school strongly followed what the “Just Say No!” campaign preached, but the reality is that this does not necessarily discourage drug use. Also, no matter how good of an education program there might be in school, I am not aware of anything that can stop peer pressure. People want to fit in. They want to be accepted. When friends of theirs urge them to partake in certain activities, whether it is that first beer or the first hit off

a Cannabis joint, nobody wants to feel left out. This held true for many drugs I tried, but not Heroin. Heroin was one of the drugs that people actively told me to *avoid*. Many of the ones saying this were current addicts, and the idea of pressuring someone into doing the drug seemed backwards to them. For the longest time I still believed I would never do it, but there was a part of me that was so curious. What *was* it about this drug that was so appealing to everyone who was doing it? Eventually, my curiosity got the best of me, and by no pressure of anyone other than myself, I decided to embark on the journey of trying the drug. *Image: This is Nancy Reagan, former president Ronald Reagan's wife and the one who spearheaded the "Just Say No!" campaign to try to get kids off drugs [Just].*

My First Time trying Heroin

I want the reader to know that the experience that follows at the end of this chapter is not my first experience with Heroin *ever*, but it is my first and only experience with intravenous administration. I have used the drug on perhaps six to eight separate occasions in the past, consumed either intranasally, intrarectally, or via combustion and inhalation (smoking). An "occasion" in this case is defined as one day or weekend, so while I may have only ingested the drug on six to eight of these "occasions," there may have been multiple instances of consumption on each of those days.

When I used Heroin the first time, I was at a point in my life where I was struggling. I had recently dropped out of college and was lacking purpose and direction. Every day, I was looking for something that would make the pain of life bearable. Instead of turning to one specific drug or other vice, I turned to many, and varied their use so that I could justify self-medication. I would tell myself that my use of drugs was not problematic if I was using different drugs on different days. "If I took Adderall on Monday, smoked Cannabis here and there, popped a Xanax on Wednesday, MDMA on Friday, and then finished with Ketamine all weekend, clearly I do not have a problem!" Looking back now, it is fascinating to think about how my brain used to operate. What I described could be named as poly-substance addiction, and it was not a fun time in my life!

Based on what I described in the above paragraph, this sounds like a recipe for disaster if I am about to take Heroin for the first time! Fortunately, I had a strong stance when it came to Heroin. I told myself I was just going to try it, and I actually did *just* try it. One of the people that I would buy prescription Dexedrine from was a known Heroin dealer. I asked him if I could try some and he was extremely hesitant to sell it to me, saying that he has seen many people like me in a similar position go down a dark path. I told him that I would just take a few bags and that is it. He reluctantly obliged, and I ended up insufflating Heroin that day. My memory is very fuzzy, as I was also on other drugs at the time, but I do remember feeling the pleasure. It was not powerful enough to make me want to go back and take the drug again, fortunately. I am grateful that I only bought those few bags and that I knew not to go searching for it soon after. After this first experience, I did not go back and experiment with Heroin again for at least a year. *Image: Sometimes Heroin is sold in wrapped in stamped paper baggies with various logos on it. I can vaguely recall unwrapping the Heroin I purchased from little papers similar to this [Stamp].*



My Prior Heroin Use

Having had many friends that were addicted to the substance, I was always very firm and clear about when, where, and how I would use it. My adventures with Heroin were often thought out well in advance, and caution was always taken. Set amounts were decided before ingestion, and rarely did I go over what was planned. But, when *is* a “good time” to do Heroin? How often is too often? When is it too much? Out of the handful of times that I ingested the drug, these questions usually did not pervade my mind as my use was very spread out. I was usually insufflating the drug, and I would feel high and euphoric for several hours. Fortunately, I had managed to find reputable and honest suppliers of the drug. I never bought it on the street after my first experience.



One time, I actually intrarectally administered the drug (slang: plugging, boofing). Holy shit. I was blinded by pleasure when that happened. I had been sniffing lines throughout the day, and had about two lines left. I looked online to see if the amount that I had remaining would be better used by an alternative route of administration. The internet said that intrarectal would be highly effective, second to intravenous administration. Again, my curiosity got the best of me, and I put the drug inside my rectum. I was as euphoric as I was numb. Nothing could have made me feel sad, angry, stressed, or scared. Because of the strength of the experience, my memory is foggy, but I do remember smoking a lot of Cigarettes and thoroughly enjoying just walking around. It was this experience that made me understand why people abuse this drug. This was the only time I used the drug in this manner. *Image: This indicates where the drugs go to get the maximum effect from intrarectal administration [Rectal].*

Aside from my recreational use of Heroin, I have actually had Morphine intravenously administered, but it was not necessarily of my own choosing. While getting an emergency surgery following the poor healing of a tonsillectomy, I was hooked up to intravenous Morphine. I vaguely recall telling the doctor on multiple occasions to give me successive doses, but my memory of the event is hazy. There were sensations of sinking into the hospital bed and having no general care for... anything. I believe there was some pleasure involved, but the impairment on memory was significant enough that I do not believe it was worthwhile. I am curious to see what a self-administered dose of Heroin will do where I am controlling the dose.

It is also worth noting that during every other experience with Heroin before this one, I would describe myself as having a greater tendency towards addiction. Now that I have put that part of my life behind me for the most part, I have no fear about the risk of addiction from attempting intravenous administration, though I am still nervous to try.

I have lost Several Friends to “Heroin”

For this statement, Heroin is put in quotes, because my friends were not dying from Diacetylmorphine, which is what real Heroin is supposed to be. In reality, they were dying from Fentanyl, a hyper-potent fully synthetic Opioid that is cheap to produce and can generate massive profits for drug distributors. Some might be confused as to why I feel the desire to inject Heroin after experiencing this, but to them I

say that I did not actually lose any friends to real Heroin. In the toxicology reports on all of them, Fentanyl was present as a cause for their deaths.

Okay, so maybe the Heroin that I have is different than the Fentanyl they had, but they are still in the same class of drugs (Opioids). Is it not still in some ways disrespectful? I have been asked this question as well, and I understand where the concern is coming from. My belief is that by doing what I am doing, I can provide knowledge and education and hopefully prevent others from making the mistakes that my friends have. Perhaps by reading and understanding how real Heroin made me feel, the reader will not have the desire to try the drug. If the reader is not a user, but instead knows people who have abused Heroin, perhaps they will better understand those who have an addiction.

What is my Intention when taking the drug in this manner?

Before beginning, I want to make note of a dream that I awoke from about a week ago where I was actually writing this book (How productive, I can even write books while sleeping!). One of the ideas that had come to me was to title this essay, “An Experience with Intravenous Heroin, Pure Pleasure or Potentially Psychotherapeutic?” While I believe that since many who open this book will flip directly to the chapter about my experience with Heroin, if I had actually named the chapter this, some may have dropped the book in pure horror! I kept the name of the essay what it is now, but I want to make note that I will be searching for potential psychotherapeutic use, controversial as it may be, as one of my intentions when I go to take this drug.

The number one intention for injecting Heroin is that I am just so fucking curious! What is so amazing about the injection of Heroin that has led to the deaths of millions of people? Is it really just all for pleasure? Are there any potentially revolutionary thoughts or epiphanies that may be produced? Can it increase motivation in users who are not seeking to escape life? Inspired by a dream I had not to long ago, I am also curious if there is any potential pharmacotherapeutic benefit to Heroin. In other words, does the use of Heroin allow for individuals to potentially resolve conflicts from within? We like to think that this might not be the case, since Heroin is often associated with escapism, but I am still curious about the potential.

In being as honest as I possibly can be, I must say that another major reason for my intention when taking this drug is for research and educational purpose – for documentation in this book. In fact, I do not believe I would be attempting to use Heroin in this manner if I was *not* writing this book. Some will argue this is risky, and it certainly is, but I am taking all the precautions necessary to ensure my safety.

What is the history of Injection?

Some will be interested in the origin of the use of the needle.

What was the process like to Acquire the Necessary “Gear”?

Since I had never injected drugs before, I did not know exactly what to look for. After spending some time researching the general process on the internet, I had a vague idea of what I was looking for. First, since this organization had helped me get free mental health and medication services, I called my local LGBT center. When I asked the pharmacy department if they supplied Narcan and clean needles, she

seemed to recoil over the phone and said that I would need a prescription for that. She then suggested I call CVS (a major chain pharmacy in the United States), so I did.

CVS told me that they could provide insulin needles, which I did not know could be easily purchased, but that if I wanted the ones typically used for drug injection, I would have to call Riteaid or Walgreens (two other major chain pharmacies). I asked if they had Narcan, and I was told that they do! Wonderful, I thought. I went to CVS and purchased ten 31-gauge 5/16-inch needles. I then asked the pharmacist for Narcan, and she said they have it. She asked if I had a prescription and I replied I did not. She then said that there are rules which permit pharmacists to write prescriptions for this type of product, and I found that interesting. After asking me my name and date of birth, she told me that without insurance, it would cost \$129. While having Narcan on hand is important to me, I was sure I could find a location that would give it to me for free, so I did.

I called a clean needle exchange program that was about a half-hour drive away. They told me that they would provide me the Narcan for free, and seemed surprised by how much CVS was trying to charge me for the drug. I drove to the center, waited outside for another person to finish their process (for privacy and Covid-related reasons), then entered. I was greeted by a few kind people, none of whom seemed to have a judgmental stare. The man behind the counter asked me some general questions. The first were to get an idea of statistical data: Birth date, my initials (for check-in purposes, he said I could have been dishonest), what my drug of choice was, how often I used, what I did with my needles after use, and if I had stable housing. The whole time I felt as though I was treated with kindness and respect. I had been expecting some kind of talk, like “You know, you really shouldn’t inject drugs!” but that never came. I

was grateful



When it came to actually acquiring supplies, I thought the premise of “clean needle exchange” was that I would have to bring dirty needles in order to get clean ones. I thought about the ten needles I just purchased from CVS. Fortunately, that was not the case, and I would be able to get clean needles for nothing. He asked me what size I wanted, and when I said, “Isn’t 28-gauge preferable?” and he said “28-gauge is perfect!” (rather enthusiastically). He said, “Okay, I will give you five bags (50 needles), and if you bring them all back in this container (he gave me a sharps deposit container), I can give you five bags, plus another five bags, okay?” I guess this was some type of bribery to get me to keep good track of my used

needles! In addition to the needles and sharps container, I was given a handful of Alcohol wipes to keep the injection site sterile. He told me not to wipe back and forth, and just wipe in one direction, which I found interesting. I also received three packs of “sterile water” so that my drugs could be mixed as cleanly as possible. The little metal objects next to the water in the middle of the picture are called “cookers” so that I could cook the Heroin in these little metal containers. He asked if I wanted big or small containers, to which I replied “both please,” not knowing which is optimal for drug use. The zip ties pictured immediately below the little metal cookers are so that they can be wrapped around the cooker from a distance so my fingers would not get burned. He looked me up and down before offering me the next object, what looked like a little black disc. He said “You’re fairly clean, so you might not need this, but it can help you cover up the marks from injection.” I graciously accepted, even though I did not anticipate marking myself with any needles. Below that in this picture is a bag of cotton balls. I am vaguely aware that people will filter their Heroin through a cotton ball after cooking, but I really did not understand how this was going to work before attempting injection. I also know of people who do not use cottons and just “shoot straight.” Below the cottons are tourniquets which increase pressure near the injection site so that the vein can be more easily injected into. The last thing he offered me was Narcan. I asked for two boxes, and he said “I have no problem giving out as much Narcan as I need to”. I explained how CVS tried to charge me \$129, and he said that because of their government funding, they are able to give out as much Narcan as they want to, *only* if it is for personal use. He mentioned how rehab and treatment centers try to come and get Narcan from the needle exchange program, and how he must unfortunately deny them.

So now that I have all the essential tools, how do I actually inject the drug?

What is the process of Injection?

While I have linked people to injection safety guides in the past for educational purposes, I have never actually read them with the belief that I will ever be using drugs in this manner. I modeled off this guide about “Getting off Right”: <https://harmreduction.org/>

Setting up the Shot:

Wash hands with soap and water. Make sure the environment that you are injecting is clean. Next, cook the drugs. This means you need to add water to the drugs and “cook” them on a metal surface. This is what I did to play with the drug:

I decided to practice with water first.

The Actual Experience

Okay, let’s do this!

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Forum Post:

MDMA EXPERIENCE REPORT: Self-Administration of MDMA for the purpose of Psychotherapy at home. A detailed 25-page report.

For those of you who don't know me, I love writing about drugs. Here is a link to my first book (and it's FREE): [Drugs of the Universe, Volume I: "The Big 12"](#). It is essentially a 357-page harm reduction and education manual that covers 12 of the most abused drugs in the modern world, and ways to keep yourself safe when using them.

Reagent Tests of MDMA:

<https://imgur.com/a/dwceB9u>

Dose Pictures of MDMA:

<https://imgur.com/Vfp4kNM>

As a second major drug information project, I tried something new. I attempted to be my own therapist and facilitate a therapy session with the use of MDMA. If the reader is unaware, MDMA has a decades long history of psychotherapeutic use. It has helped terminally ill patients come to terms with death. It has helped in couples counseling. And recently, it is in the process of being approved by the FDA for patients with PTSD with remarkable effectiveness.

Some will undoubtedly argue, "What makes you think you can self-medicate with powerful mind-altering drugs!? You should see a REAL therapist!" Well, yeah, that sounds wonderful. But, as an American without insurance, I cannot afford to spend hundreds of dollars a week. And if I do spend that money, what if I don't like the therapist? What if they don't like me? What if they don't understand me? What if they try to prescribe me a pharmaceutical drug that I am opposed to? When I did try to actually make an appointment, the only appointment I could make to see someone at a clinic for free was 13 weeks in the future! I believe I speak for a large sum of people when I say that getting adequate mental health care is not easy, even if the individual has insurance. So, I decided to take matters into my own hands to see if I could help myself with the assistance of a reputable drug, and maybe even make a model for other people to do the same. NOTE: I am not a licensed doctor or therapist, but I do study drugs and their potential benefits all the time. Any advice or suggestion that follows is based purely on *my experience* and should not be taken as professional medical advice.

I should note that I do not believe I actually have any mental disorder. I wake up happy. My mood is stable. I have a social circle. I am motivated and driven. My focus could use some improvement, but life feels good to me overall. However, I do believe that I could benefit from talking to someone professional to help with resolving conflicts of my past. That was essentially my intent while doing this experiment. I also wanted to make myself vulnerable in this experiment, so that those who may question my motives for why I do the things I do can better understand what kind of person I did this by answering some fairly intense questions with great depth. If you did not know me before, you will *definitely* have an idea what kind of person I am after reading my report!

In the attached document, you will find a 25-page report. There are topics covered in the beginning:

Interesting Facts about MDMA

What was my Impression of MDMA before ever having taken it?

My First use of Ecstasy

A Summary of my MDMA use over time

What is the Evidence for the Therapeutic use of MDMA?

What is the process for Therapy?
What are some of the Possible Benefits?
What is my Intention?

These topics eventually lead into the experience. How did I know what to do for my experience? The simple answer is that I didn't! I did do a lot of studying and research in advance to try to draw out the most therapeutic path that I could for myself. First, I read about a dozen technical papers on the study of MDMA. Next, I read the 75-page document for therapist training that MAPS provides here: [MDMA Treatment Manual](#).

The last step was to create a treatment plan for myself at home. I formulated some questions that I would answer that may have psychotherapeutic benefit. I thought about these questions in a sober state of mind, truly believing that answering them while under the influence of MDMA would be beneficial. The first and largest set of questions is rather general, allowing for the mind to expand and think about what is to come:

What is your favorite thing to do?
What am I most grateful for?
What are you most afraid of?
What is your dream?
What can I do to increase trust in myself?
What do you think about addiction?
What are some parts of myself that I am happy about?
What do you want most out of life?
What do you think about your marriage?
Do you want children?
What parts of myself could use improvement?
What do you think happens when you die?
What do you really feel is your purpose?

The second set of questions came after the second dose (which, upon later reflection, was too big of a dose for me, but I made it work). While the list is much shorter, the quality of response is much higher, in my opinion. These questions cover topics of past trauma. This may be triggering for some, so please be warned:

Can we talk about your "psychotic" phase?
Do you think something happened to you?

Please note, discussing some of these topics was very INTENSE and EMOTIONAL. I go into great detail about very troubling matters. This is just meant to be an example. If you try to do what I did, your mileage may vary.

I video recorded myself answering these questions, and transcribed the entire conversation, which is why the report is so long. I took out some filler words such as "like", "um", "so", "you know", and others on occasion if they took away too much from what I was trying to say. For the most part, I preserved at least 99.5% of what was said with complete accuracy. The reader will likely observe periods of obvious distraction interwoven between clear thought, as the drug effects can cause the mind to jump rapidly between thoughts, so the target questions aren't always completely answered. Occasionally, spoken grammar is incorrect, since the flow of thoughts wasn't entirely linear. I tried to preserve this in the documentation. This is part of the experience.

There are some pre-notes that were done before the drug took hold that were not video recorded (before the first hour), and some post-experience notes that are detailed following the transcribed video notes that were

also not video recorded (any time after 3:14). After my experiment was conducted, I added on extra notes about what I think went well and what could have been improved.

Again, this is meant to be an example to show people what they could uncover about themselves if they embark on a therapeutic journey with this drug on their own.

I would LOVE to know if anyone followed a similar protocol and wrote up a personal report and saw success. I would also be curious to know about any potential failures. May the information that follows be a guide for whomever needs it.

Also, please note, this will be a chapter in my upcoming book, so if you see references to other parts of a “book”, that is what is being described. If anyone would like the three-hour video for scientific research, please send me a DM. I am open to sharing it with the right people.

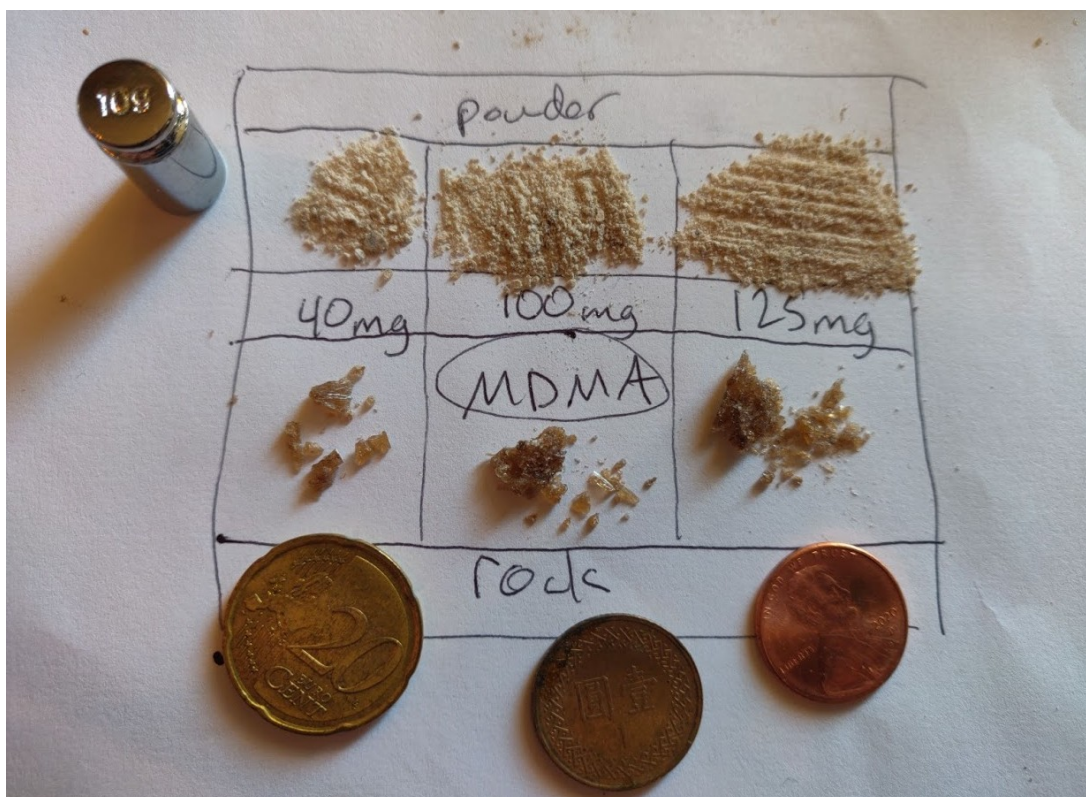
The Report:

MDMA EXPERIENCE REPORT: Self-Administration of MDMA for the purpose of Psychotherapy at home. A detailed 25-page report.

Reagent Kit pics for current batch of MDMA



Approximate dose estimations for MDMA based in powder or rock form.
NOTE: These are not intended to encourage users to eyeball their dose. Please use a milligram scale!



Interesting Facts about MDMA

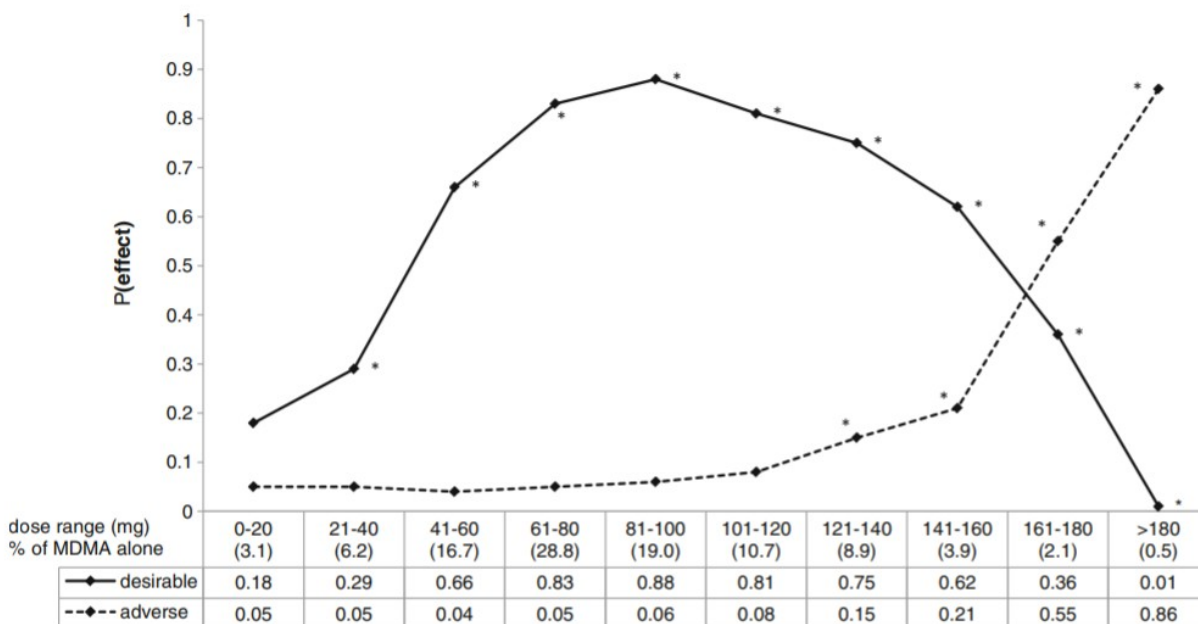
Of the 12th graders surveyed in 2020, 3.6% of them had taken what they believed to be MDMA at least once in their lifetime. Of those between the ages of 18 and 25, those who used the drug at least once in their lifetime jumps to 10.5%. For those aged 26 and older, lifetime use prevalence was 7.5% [\[5\]](#).

MDMA is said to produce feelings of emotional empathy and prosocial behavior [\[4\]](#). It has a wide range of effects depending on the environment. For a detailed description of many effects, as well as other general information about the drug, please see the MDMA chapter of my book, [HERE](#).

According to one source that documented Alexander Shulgin's research of drugs and their therapeutic potential, an MDMA therapy session is akin to condensing a year of talk therapy into about six hours [\[8\]](#). Since MDMA was so effective as a therapeutic agent in the 1970's and 1980's when it was first studied, underground psychotherapists continued to use the drug even after it was made federally illegal in 1985.

The Multidisciplinary Association for Psychedelic Studies (MAPS) has a 75-page MDMA-assisted psychotherapy manual that essentially provides training for therapists by informing them about the best way to conduct psychotherapy with the drug. It can be found here: [MDMA Treatment Manual](#).

To best convey what dose of MDMA may be appropriate, I discovered a dose-response curve that describes how to maximize desirable effects.



This graph indicates that the “sweet-spot”, so to speak, of MDMA dose for maximum desirable effects is between 60-120mg. This likely varies by individual bodyweight and other factors. As the dose goes above 150mg, there is a sharp decline of desirable effects and a sharp incline of adverse effects. I will be following this dose chart for my initial dose in order to derive the maximum therapeutic benefit during my experiment [\[1\]](#).



Although many believe that Ecstasy, Molly, and MDMA are the same (and indeed, they are supposed to be!), I have found that this is not always the case. The name “MDMA” was given by Sasha Shulgin in the 1970’s to condense the chemical name from 3,4-Methylenedioxymethamphetamine.

Ecstasy comes in brightly colored pills, with a variety of shapes, and is supposed to contain MDMA, but sometimes it does not contain any of the drug at all! There are pills that contain Methamphetamine,

Heroin, or any other drug. In modern times, Research Chemicals are circulating through pressed Ecstasy tablets. Molly is supposedly a pure form of MDMA, however, my experience has taught me that a lot of Molly on the black market does not contain any MDMA, and instead contains other euphoric stimulants, such as Mephedrone (4-MMC), Methylone (bk-MDMA), or any of another 100+ similar compounds. That’s why it is always important to test your drugs using reagent kits! *Image: A stock photo of various types of Ecstasy pills that may or may not contain MDMA* [\[2\]](#).

What was my Impression of MDMA before ever having taken it?

As I described in my essay about the misconceptions of drug use in the first part of this book, where it was said that taking Ecstasy was like taking “ice-cream scoops out of the brain”, I actually believed this statement (not 100% literally!). I was under the impression that taking this drug would make anyone instantly stupid and would cause permanent brain damage. A few simple internet searches back in 2011 would have told you similarly while simultaneously recommending rehabilitation centers one could go to. However, if one really looks at the data collected in the present day, the likelihood of causing lasting brain damage from occasional use is very low.

It was set in my mind that I would never do this drug, no matter what! There was no way I would destroy my intelligence for the pursuit of pleasure and fun at a party... right? Interestingly, there seemed to be so many people who took the drug and did not become instantly stupid or develop a mental disorder like I thought they would. Maybe this drug was not as damaging as I thought? Over time, as my social circle grew, friends that I gained admitted past use of the drug and had opened up to me about their past experiences and my curiosity grew. Naturally, being the very curious person that I am, I eventually gave in and I ended up taking the drug.

My First use of Ecstasy

In this case, I use the word “Ecstasy” because that was what I had taken. I have no idea to this day if what I consumed on this first occasion was in fact MDMA or merely some other euphoric stimulant.

My first experience with this drug came when I was 19. Friends of mine were talking about going to a music festival, and they alluded to the fact that taking Ecstasy was what people were “supposed to do” at an event like this. At the time, my experience with drugs only consisted of Cannabis and prescription Amphetamine, so I was a bit apprehensive, especially considering what my impression of Ecstasy was at the time. After doing hours of research, I was able to conclude that if I took this drug *just once* that the likelihood of lasting damage was slim-to-none.

So, I took it at the music festival...

Wow.

This was incredible! I had never felt like this before. It would be impossible to use words to describe my true feelings as they were so unfamiliar. There was general euphoria and a massive desire to be social. I remember smoking Cannabis with everyone around me and saying nice things to people. The feelings were usually reciprocated. It felt so good. There was this feeling of connectedness that extended outside my body. In addition to the euphoric and empathic feelings I felt, I could not sit still. I remember just dancing to the music and thoroughly enjoying just being alive. There was an electric energy flooding throughout my body. I wish I could say that I better remembered some of the feelings, but it was nearly 10 years ago and I was smoking Cannabis heavily throughout the experience.

After that first use at the music festival, I was in awe. How could a small pill make me feel like this? I felt compelled to share my experience with this drug with anyone and everyone I knew.

A Summary of my MDMA use over time

From that first pill, I was hooked into the lifestyle. Music festivals, raves, clubs, and underground party warehouses became my way of life for the next year. If there was loud music, lots of people, and MDMA or Ecstasy, I was there. I tried to invite as many friends as I could, but some were still fearful of the drug. It was understandable, as what the media was broadcasting at the time was generating a great fear of the substance.

There were times when I did not go out to a social event, and instead stayed in and enjoyed the drug with close friends. These times were very special to me, as they created close emotional bonds between those around me. Frequently, we would open up to each other about situations that were troubling us and what we could do about them. It was almost like an unintentional group therapy session, and it was rewarding every single time.



Since I enjoyed the drug so much, I used it... a lot. I would venture to say that I would use the drug at least four times a month for about a year, occasionally doing a “double-header” weekend, where I would go party on a consecutive Friday and Saturday, taking high doses (150mg+) of MDMA each night. These experiences were usually the most mentally exhausting, as the ensuing hangover created occasional depressive episodes in the days that followed the party. To mitigate these ill-

feelings, I would usually smoke excessive amounts of Cannabis or take other drugs. This was problematic at times, but because of the amount of joy I got from MDMA and the overall experience, I still felt like it was so worth it. *Image: A picture of a colorful music festival with bright lights* [\[3\]](#).

Of course, such a wonderful experience is not meant to last when it is abused as heavily as it was. Eventually, MDMA started to not serve me as enjoyably as it once did. The negatives began to outweigh the positives, and my use of the drug waned. Since that year of intense partying, I now average taking the drug perhaps once or twice a year, and usually in an arguably appropriate situation.

What is the Evidence for the Therapeutic use of MDMA?

Originally synthesized in 1912, it did not gain real attention until the 1970’s when Alexander (Sasha) Shulgin resynthesized the drug himself at the suggestion of a student. In 1976, Shulgin first found positive therapeutic effect in the drug, and in 1977 he shared it with a psychotherapist friend, Leo Zeff. Zeff saw the potential of the drug after trying it in therapy with several patients, and he began to share the drug with other psychotherapists he knew. Shulgin published a paper in 1978 about the pharmacological actions of MDMA in humans, though it did not gain much notice until several years later. He documented some of his experiences with 25, 40, 60, 81, and 100mg doses, finally seeing pronounced effects with the latter dose consumption [\[7\]](#).

In the 1970’s and early 1980’s, a group called “The Association for the Responsible Use of Psychedelic Agents” (ARUPA) was formed. Rick Doblin, another MDMA researcher and psychotherapist, entered the scene and spoke out against the scheduling of MDMA. He studied MDMA in secret and kept his findings hidden from the public eye. Another researcher, Rick Ingrasci, began using MDMA in couples therapy and helped them break through “communication blocks.” He also used the drug to help terminally ill patients cope with their imminent death with great success [\[9\]](#).

MDMA went on to be researched and studied by psychotherapists until it was made federally illegal as a Schedule I drug in 1985, allegedly having no medical use. Since the early 2000’s, there has been a revival of psychedelic-assisted psychotherapy research, and now MDMA has actually made it to Phase 3 trials under FDA approval. MDMA is being proclaimed as a cure-all for PTSD, addiction, and trauma-related recovery, where only one to three substance-assisted monitored treatments are necessary to remove the fear-trauma from those suffering from PTSD and allow for closure. This drug will likely be very useful in the future, as about 10% of all women develop PTSD at some point in their life, compared with 4% of men. PTSD is most

common in those who are veterans, police officers, or firefighters. It can also affect those who lost a loved one or who were victims of verbal, physical, or sexual abuse. If left untreated, PTSD can lead to extensive depression or anxiety, flashbacks, and suicidal ideation. Currently, it is said that only about 20-30% of people respond to non-MDMA pharmacotherapy, where more than 66% respond to MDMA therapy positively [9].

What is the process for Therapy?

The dose during an MDMA therapy session was reported to start at 125mg with a 62.5mg optional follow-up dose two hours after the initial. The U.S. National Library of Medicine reports that clinicians will administer between 80 and 180mg in a session [9].

Therapists will assist the client by helping them to reframe their trauma memories, however, it is noted that much of the therapy is “patient-driven”, meaning that the therapist will work with what the patient is saying and guide them in a safe direction regarding trauma memories. Patients will follow an eight- or sixteen-week treatment program that involves a combination of MDMA therapy and non-drug-assisted therapy. It is recommended that therapists are trained in various trauma therapy regimens, such as cognitive behavioral therapy (CBT) and prolonged exposure therapy (PE). Two therapists may be present with the patient during drug-assisted treatment. For a detailed guide, please see the therapist training manual for MDMA use during therapy [6].

What are some of the Possible Benefits?

MDMA is reported to increase feelings of compassion, reduce defensive responses to fear, decrease the prominence of negative memories, improve communication, increase feelings of closeness, heighten sensitivity, increase feelings of empathy towards oneself and others, and increase openness [9].

For those suffering from PTSD, according to several studies from MAPS, about 2/3 of patients were “cured” of their disordered thinking. The favorable effects of MDMA assisted psychotherapy reportedly last for a minimum of twelve months. Benefits may persist longer, but there is currently a lack of longitudinal studies done on the long-term effects of MDMA therapy [9].

What is my Intention?

As for my particular use of this drug in this instance, when it comes to setting intention for MDMA use, I have multiple motivating factors. In this instance, since my intention is to share the experience with anyone who will read this book, I want to show people who I am while in a vulnerable state. MDMA can really break down emotional barriers and open people up to genuine feelings they have inside. I do not know exactly how I will react when I take the drug this time around, but since I intend to document every thought and feeling, perhaps this will allow people to get a deeper look into why I do the things that I do.

I intend to derive as much positive benefit as I can from this experience by being as open and honest with myself as I can be. I want to see myself from another perspective. I also want to explore unfamiliar and unpleasant parts of myself that I may not have visited before, which will likely be uncomfortable. While the drug can do that on its own, I will also be video recording myself for future review. Seeing myself while under the influence may change the way I think about myself.

Also, I have described on a few occasions in my first book, and in this one, how throughout most of my drug experiences, I have been inclined towards addiction. When I discovered the passion and motivation to do what I really want to do in life, these inclinations evaporated nearly completely. I am curious to see what MDMA will do to me now that these feelings are virtually nonexistent.

Lastly, I do not believe I have documented and recorded an MDMA experience in the moment without being influenced by other drugs or other external factors. While the experience that follows contains a great amount of personal information, I believe that this experience will be useful to share with others.

My Personal Therapy Session and Detailed Documented Experience with MDMA

After researching and studying multiple articles about the possible benefits of MDMA psychotherapy, I have mixed emotions. A part of me is excited for what I am about to do, while another part of me is nervous. This will be the first time I have ever taken a drug with the sole intention being to derive therapeutic benefit. While I do not have PTSD (that I am aware of), I certainly think there are things in my life that I could look at with a fresh set of eyes, so to speak. I believe MDMA can help with that.

After reading a majority of the manual, these are a few notes I took that might help me from the 75-page Treatment Manual for MDMA-Assisted Psychotherapy [\[6\]](#):

- *Patients are encouraged to lay down for the first 90 minutes as the drug effects take hold.
- *“Go inside” and “Be with” traumatic memories.
- *Typically, five hours after the initial dose, effects are wearing off.
- *Music plays an important role, with notes or tones adding to the experience.
- *MDMA seems to reduce fear, and increase the range of positive emotions towards the self and others.
- *Experiences of fear, anger, or grief are experienced with decreased likelihood of feeling overwhelmed.
- *Empathy, love, and deep appreciation often emerge.
- *The drug does not heal, rather it is the “inner healing intelligence” of the individual.
- *If a patient is holding back from a subject, time should be given, as the patient will often express themselves.
- *Periods of silence are normal, and allow the client to bring up what they desire to.
- *It is recommended for patients to have fasted from midnight the night before until the dose is taken in the morning.
- *Electrolyte-containing beverages are recommended, while patients are encouraged to have less than 3L of water.
- *Instrumental music, that is music without vocals, is preferred.
- *Nurturing, professional, non-sexual touch can be very therapeutic (I guess I will just have to touch myself!).
- *Diaphragmatic breathing is helpful to reduce anxiety during the initial onset of effects.
- *Patients may also experience “transpersonal experiences” where they become connected to their own humanity. This can challenge the therapist’s personal belief system.
- *Breathe into feelings. Do not breathe away from them.

Since I will be enjoying this experience on my own without the presence of a therapist, in order to really focus my intention, I have a list of questions that I will attempt to answer at the peak of the experience:

What is your favorite thing to do?
What are you most grateful for?
What are you most afraid of?
What is your dream?
What can I do to increase trust in myself?
What do you think about addiction?
What are some parts of myself that I am happy about?
What do you want out of life?
What do you think about your marriage?
Do you want children?
What parts of myself could use improvement?

What do you think happens when you die?
What do you really feel is your purpose?

The next set of questions is more trauma focused, and will potentially be more difficult to express answers to:

Can we talk about your “psychotic” phase?
Do you think something happened to you?

Necessary background information:

Drug/Dose: MDMA, 121mg to start, 58mg follow-up dose two hours later, 179mg total

RoA: Orally, mixed with water then swallowed.

Confidence in Supplier: I am 99% sure my supplier had highly pure product. Reagent tests were indicative of clean MDMA.

Date/Time: 3/5/2016, 6:30AM

Diet: Fairly strict carnivorous diet (beef only) for about 22 out of last 30 days, usually eating OMAD (one meal a day). If you don't know about this diet, I would suggest some research! It is quite interesting. I fasted for 36 hours earlier in the week, and that ended two days ago. Yesterday, I ate slightly more than usual to compensate for a fasted day the day prior and to address the strain on the body that MDMA will provide today. Digestive system feels fine today. For supplements, Magnesium Glycinate is taken on an almost daily basis. Iodine is supplemented rarely as well, though I am not sure if it is providing any benefit.

Recent Drug Use: No external mind-altering substances (drugs) of any kind in the last four days. Some Caffeine was had on maybe six occasions in the last month, some low-THC Cannabis (hemp flower) was used about six times in the last month. Ketamine twice in the last month. No other hard drugs for several months. I haven't taken MDMA since June of last year (9 months ago), where I took it on two occasions. I also took it a couple months before that in April on two occasions. Before that, I do not believe that I had the drug for about two years.

Mental: I am feeling rather optimistic about my future. After starting work on my second book, I am filled with feelings of satisfaction. I am blessed that there is little stress in my life currently. For the most part, fairly recently, I have escaped many of my addictive tendencies when I found purpose in life. It feels good. Despite having had MDMA on perhaps at least 70+ occasions in the past, I am quite nervous about this experience! It is the first time that I attempted to use drugs on my own purely for pharmacotherapeutic benefit. It is also the first time I will be videorecording myself as an experience unfolds. As nervous as I am, I am also excited! My daily 30-minute meditation was done shortly before commencing the experiment, though it was somewhat less focused than usual.

Physical: I believe my health has never been better. Because of good diet and exercise, I usually feel good each day. Currently in ketosis (may skew results). Last night's sleep according to FitBit was 4.5 hours, which is slightly below average (about 5-6 hours a night), but I feel well-rested. Stomach is empty. Nasal passages a bit congested, perhaps from poor quality steak a couple nights ago. Haven't eaten or drank anything since about 5PM yesterday where I had a larger meal than average to compensate for the increased strain that MDMA will place on my body. Stomach is very empty since I haven't consumed any food or drink in about 13 hours.

Setting: Taking the drugs in my home at my desk by myself. No one will be home for the majority of my experience.

Expectations/Questions: Since I have used the drug so rarely in the last few years, I am expecting a more profound experience. When I was taking the drug frequently years ago, there was some element of “losing the magic” as they say, where the effects were not as prominent as they were the first few times that the drug was consumed. I believe that by setting up questions in advance for me to answer, I will be more focused on the therapeutic aspects of the experience, which is, after all, the intention. I have heard of a “permanent tolerance” that develops to the drug, meaning that no amount of abstinence will return the drug to its former intensity of effects. I accept this as possible, but hope it is not the case for me!

I expect that the MDMA will lower my inhibitions to some degree, and allow me to open up on camera to myself (or whoever may watch one day in the future!). I usually do not like to see myself on camera very much, so there will be aspects of stepping into a new comfort zone. This experience is more about work than about pleasure, so I am apprehensive about how it will turn out. As far as I know, I do not know of anyone else who has attempted to take the drug in this way by answering a series of questions with an attempt to reorient life. Perhaps it leads to success, or perhaps my mind totally wanders off elsewhere and my intention gets misaligned! Whatever happens, I believe I am ready for the experience.

I read several times that allowing the patient to just “go with it” in the experience has beneficial effects, so that is what will be in the back of my mind the whole time.

Alright, let's open up!

The Actual Experience:

@6:30 AM

The first part of the experience was typed up in the moment until T+1:00.

T=0: 121mg of MDMA taken orally mixed in water. The taste was not as bad as I imagined it would be.

T+6: Do I feel something slight already? HR 63 bpm, normal

T+9: Are my sinuses clearing slightly already?

T+11: It feels as if a light sensation is spreading through my body, but it could just be placebo as I am sitting here in anticipation. I know the therapeutic recommendation is to sit or lie down with eyes closed and music playing, but I wish to document the minutes as they pass by. Some gas from the stomach, possible chemical reaction.

T+13: Slight HR increase, 73 bpm, definitely noticing very small trace effects

T+23: Not much change in effect in the last 10 minutes, HR back to 63. A slight feeling of peace perhaps? Though I was feeling rather relaxed going into the experience. Giggling to myself occasionally, though this is not uncommon while sober.

T+27: A slight chill in my upper body, though not uncomfortable. I yawned, which reminds of when I used to take the drug in the past how I would occasionally yawn on the come-up.

T+34: Sinuses definitely cleared. Breathing deeply feels good. Still not much psychoactive effect.

T+37: For a few moments, I thought as if the drug wasn't going to work, and then I felt a slight sensation in my jaw area. It is not quite clenching, but a slight chatter for a brief second. As soon as I noticed it, it vanished. More occasional giggling. More stomach gas as the compound gets digested.

T+44: Slight tingling in the chest, accompanied by a slight chill, still not unpleasant.

T+51: I put on some “Peaceful and Relaxing” instrumental music. <https://www.youtube.com/watch?v=CcsUYu0PVxY> since instrumental music is usually the suggestion of therapists, at least while getting acclimated.

T+54: Debating on playing the music through my phone as the headphones seem to make me feel like I am being shut off a bit much. Sensation in the chest is growing, as is the knowledge that stronger effects are about to take hold. A general peace begins to take hold. HR 71 bpm

T+58: Effects are building. Jaw tingling, light intoxicated state. My thought patterns feel as though they are changing. Underarm sweating is happening. I decide to put my phone away so I am not distracted.

From here until T+3:14, I will be talking to a video recording and the notes that follow were transcribed afterwards.

T+1:02: Heart is beating faster, let's see, 94 bpm. My mouth is dry. I'm thirsty. There's a part of me that's apprehensive about doing a psychotherapeutic study/experiment whatever you want to call it, knowing that it will be read by perhaps hundreds or thousands of people, because that's what I like to do, I like to post stuff on the internet about my experiences, but maybe it can be a good example for... for others who... may wish to conduct similar experiments on themselves for the purpose of self-growth, personal fulfilment or whatever reason. I'm a little anxious, but I guess that's part of it. Let me just breathe for a few minutes *Deep breaths*

T+1:05: My heartrate is at 99 bpm. *Yawns*, *Sigh*, *More breathing*

T+1:06: My legs and arms are a little tingly, **Sigh**, breathing feels really good. I don't think I am ready to answer the questions that I drew out for myself. Music helps. It's peaceful.

T+1:08: My jaw is tingling more, a slight chattering clenching sensation. I can tell the drug is amphetamine-like, based on the physiological reactions. Pleasantness is growing. Come-up is strong. I have some nystagmus. My eyes are a little twirly. **More breathing**, **Yawn**.

T+1:10: My legs are shaking a little bit, and so is my upper body. Mouth is still dry. I am grateful that I am doing a video recording, because I think it would be harder to type. My hands are shaking a little bit. **Moving physically to the music**. Moving around to the instrumental music. A slight tribal vibe to it, but not really **Laugh**. **Yawn**. Lots of yawns. There's a feeling of heaviness, but strangely, also a slight feeling of lightness. Shivering throughout the body, but it's not unpleasant.

T+1:12: When I closed my eyes, I saw a flower shape, and it was moving a little bit, but then I kind of snapped out of it.

T+1:13: I am pleased with how this is going so far. **Yawn**. So many yawns! **Laugh**. I have heard that yawning is a way to try to get your body to take in more air, so maybe let me try to breathe a little deeper. **Yawn**.

T+1:15: Okay it is now 1:15, 75 minutes in, I think I am feeling peak effects. Let's try looking at my worksheet. Okay. **What is your favorite thing to do?** Um, I really like running. It's funny that's the first thing that popped in my mind. I used to hate it, especially when I would run competitively. It's like, why is somebody forcing me to use as much energy as I can, but I quite like running for pleasure, and I do it every day. Every single day. And it's always amazing. Um, other favorite things. I like writing my book, big time. That is so gratifying, and if only I could just focus a little harder, but you know what, I have been focusing better as the days go by, so I know that I will get there. Um, other favorite things to do, let's see, hmm, Sex. I wouldn't say it's my favorite thing, but I really like it. **Laugh**. I like experimenting with drugs a lot, and I am happy I am doing it in a more scientific way this time. Should be, um, hopefully I am talking loud enough. This should be a more eye-opening experience for myself and those around me. I guess I should record this on my phone, in case, it's not picking up. Oops, I got caught checking texts! Now I am recording on my cell phone too just in case, flipping it over.

T+1:17: What am I most grateful for? Wow. Stomach effects are actually relatively pleasant, no stomach discomfort whatsoever. What am I most grateful for, hmm. I am grateful that I have a comfortable home to live in. I am grateful that I have the ability to feed myself with the diet that I believe works best for me. I am grateful that I have the freedom to work on what I am passionate about, and share it with others. I am grateful that I have a support network of friends and family who care deeply about me. **Sigh**. I am grateful for this experience right now, and how this is possibly even adding to this gratitude. And I am grateful that I have the ability to share this with other people so that they may feel feelings of gratitude that they may not be thinking of.

T+1:19: What are you most afraid of? Woo, damn I put that third on my list of questions, really? Okay, what am I most afraid of? Hmm. I'm going to drink some water before I talk about this. What am I most afraid of? Hmm. Probably, meaninglessness, that there is no meaning. Not necessarily in a nihilistic, nothing matters, kind of thing, but, maybe in my own life, that what I do doesn't have meaning. How do you define meaning? I mean, meaning means different things to different people. So, I guess, as long as what I am doing is spreading my message. 85 bpm. Slight shiver. My body is acclimating to the drug more, getting used to it, slight restlessness and twitchiness I had is dissipating slightly. Increased level of comfort. Okay, let's try again, what are you most afraid of? I once said that I had a fear of death, but that's not what I am most afraid of. You know what I think I am most afraid of? Unending torture. Yes. I think that's it. I think I got there. Unending torture. Like unending pain of some kind, that just won't go away no matter what. There's no solution for it. No matter what you take or how much time passes, I think unending pain is the thing I am most afraid of.

T+1:21: What is your dream? It's like, what is my aspiration in life? My dream is that, all humans can live in a world peacefully together, no judgments about each other, about our histories, about things that we might have done, because, we see each other for what we are, as like a, a genuine... genuine living being. Living human being. So, if we could all see each other that way, we would have respect for each other, we wouldn't be trying to kill each other. **Sigh**. I know this is so idealistic, but, hey it's a dream, right? And I just don't

know how to facilitate that. I mean obviously, one person can't do that, but, if we all work together, but how can we all work together if we have this division between us? *Sigh*.

So, I also dream of a world where money doesn't exist. People say, "Well, what would be the motivation for people to do things? Like, they need to get paid right?" And my answer to this is, people actually have the intrinsic motivation to accomplish things without getting paid for it. Um, I am obviously not going to remember the study right now, but I remember reading a study about how when they removed money from the system, people were actually doing work, and, just because they wanted to. Because it's what they liked doing. Of course, there's some work that people don't like doing, but in a world without money, I am imagining that a lot of those dull jobs probably wouldn't be there. Also, interesting fact, when they introduced money into a little community of monkeys, I can't remember which species of monkey it was, but I think it was within days, that there was the first monkey prostitute. So, it's kind of funny to think about how, not funny. It's interesting to think about how money can kind of warp the mind, you know giving something that has no value, the value to get anything, water, food, shelter, um, and it's interesting to see what it did to the monkeys who obviously have much different ethical values than we have, because we have an established society. So, I guess those are a couple of my dreams. *Sigh*.

T+1:23: What can I do to increase trust in myself? Wow. *Sigh*. Oh wow, holy shit. *Burp*. I suppose the number one answer is to be more open and honest with myself. You know, I still have some trouble with that, but if you can't be honest to yourself, how can you be honest to anybody else, right? To be honest, I believe that my honesty to myself has improved pretty dramatically over the last couple months, really, just since I finished my first book. It's like finding that drive, finding that passion, to make you really want to do something! So yeah, finding that, seeing that I haven't done "nothing" with my life. Seeing that the years of drug abuse that I had in my past, they don't need to define me because I am capable of doing things that I need to do in my life. Hey I wrote a book, and you know what, there's gonna be another one, and probably a third and maybe more after that, and they're all going to be free because that's what I believe in, you know. I mean if somebody wants to help me publish it, that's a different story, but the preliminary version will always be freely available. Because how else can I strive towards a world without money, if I'm not working. Oh wow. Bizarre déjà vu. Bizarre déjà vu sensation.

What else can I do to increase trust in myself? I can be kind to myself. I already feed myself the best things, from my point of view. I exercise, and when I look in the mirror, I tell myself that I am happy with what I see. You know, of course there's imperfections with everything but, generally speaking, it's um, it's like I'm moving in the right direction of self-trust.

T+1:26: What do you think about addiction? Hmm, this is a general topic. Um, so, for those who read my first book, they will know about some of my struggles with addiction, when it comes to specific substances, and my general outlook on addiction, some of the graphs I drew to try to indicate what addiction does to the brain, you know, maintaining happiness level, but I think that from my point of view, having been addicted to many drugs in my life, that... and it didn't matter, drugs, food, cigarettes, exercise, you know whatever it was, anything that causes pleasure, it wasn't until I tried to, and I have not fully done it yet but I tried to resolve the conflicts of my past, that *Sigh*, that some of those addictive, you know, wake up, grab a cup of coffee, wake up, boom, what drugs can I kind of do? Ooh start eating, ooh let's keep eating more cause it feels good. Those addictive tendencies kind of, to, go away. And it's hard, because I still don't think I know what all the conflicts are of my past so that I can resolve them, but I am certainly trying, and I think that, being on a step in that direction, is what really worked for me, and I really think it can work for other people too. And some people have some really intense conflicts in their past, we don't need to go into examples, but know the more deeply they deal with them, the better, I think the easier it is for these addictive tendencies to go away.

Um what else about addiction. Oh, and step two of that, is okay dealing with the issues of the past, but then what about the future? Um, and so I think finding my motivation to continue *Shakes head, smiles*, oh jeez, drugs in my brain. Finding the motivation to pursue a passion is really helps kick the extra addictive tendencies out of the way. So, if I'm ever not writing my book or studying or researching or doing the things that I like that I believe will help everybody, then, you know sometimes those addictive feelings, you know they creep back in. It's like ooh, hey you want a cup of coffee now? Oh, hey why don't you go have some chocolate? You know, or some drugs, whatever. Actually, drugs have been less of a thing now, but I still have those twitches towards things that will bring instant gratification. But yeah, when I have dealt with my

problems of the past as best as I can, and I am working on my future as best as I can, while still living in the moment, I think that is a recipe to really help treat addiction. For me.

T+1:29: What are some parts of myself that I am happy about? Well, I am, and this will go back to the gratitude thing, basically but, I suppose a little extra dose of gratitude can't hurt **Yawn**. I am happy that I have two eyes and two ears. I can see and hear well, and I have a mouth that can speak and taste. And a nose that can smell. I am grateful for this body that I have been given. And you know, I think it looks okay **Laugh**. If I'm being honest, which I guess is the point of this exercise. Um, you know they say you're supposed to look at the camera when you talk, but I think I like looking outside more, so I'm just going to keep doing that, and you know, people will understand where I'm coming from.

There are some other parts of myself that I am happy about. I am happy that I found the motivation to pursue what I really want to. I am happy that I will be studying what I love, and you know what, I am actually happy that every experience in my life has happened so far, because it all was part of the process to bring me to where I am, right now. And to me, that's a beautiful thing. That's a really beautiful thing. **Yawn**. My body is still shaking a little bit, wow I am moving through these questions quicker than I thought. I'm gonna have to explore this therapeutically after I finish. Or maybe I will be stuck on something for a while, we'll see. What are some parts of myself that I am hap- Oh oops, I just did that one **Laugh**.

T+1:31: What do you want most out of life? Jesus. Um, I want my basic necessities. I want a comfortable place to sleep, access to food that I believe is healthy, depending on which diet I am following at the time, freedom to exercise, and I want to study chemistry and pharmacology, so if I had a laboratory to do that, and I believe that my studies can truly help humanity. I mean, I'm not too scientific yet and I do have some stuff out there, but I think that with time and training, and with the values that I possess, I believe I can really make a positive change in the world. That is what will give me the most out of life.

T+1:32: What do you think about your marriage? Oh man. Oooh. **Sharp exhale**. Let me just go walk around in a circle, and then we'll come back to that. I'm gonna walk around in a circle. **Walks around in a few circles**. **Sigh**. Okay, now at 1:34, still shivery, um. **Hmmb**. It's a little uncomfortable, but not terribly so. Um, alright so, let's get back into it. **Checks watch**, **Talks to self**. Man, you're distracted, huh? Distracted! 97 bpm, Okay. What do you think about your marriage? Okay, so, um, well I don't want to go into our whole life story, but let's try to condense it. We met at a club, both of us weren't on drugs. I did have some caffeine, and maca root, just natural plant stimulants, nothing serious. And I see him, and he is very attractive to me, attractive. And uh, then we got to talking and we got along really well. Then, jeez I wonder how much of this I am going to broadcast to the internet. You know, it's okay. **Talking to myself in comfort** It's okay. **Back to broadcasting**. We were both in relationships as we were talking with other people, but you know there was distance between us. I was in New York, he was in LA. But, you know something felt different about him. Something felt really different about him, so I kept pursuing it. And it felt right to me. It felt right. He made me want to be a better person.

This is still while we are long distance communicating. Then he's gonna come to New York for the Gay Pride parade. And I'm like, oh shit! You know, let's hang out! I invited him to just come stay at my apartment, but he's never stayed with me before. It's like, you just gonna expect someone to come live with you, you know? And we'd been talking, we'd been getting along well, but he was apprehensive (about staying with me for days), which makes sense. We'd only seen each other once. So, we met up at the Gay Pride parade, and we hung out, we socialized with people. We went to different parties. It was dreamy. It was quite magical. Oh, should I tell that story? And we were, we were, he came over to my house after we, and you know we had sex of course, and then we're cuddling in my bed, and I hear a door open downstairs, and I'm confused. Both my roommates should be at work. Who could this be? Then I hear someone coming up the stairs, and then who burst through the bedroom door, but my ex, who had just got out of a mental hospital!!! **Shakes head**. Man, it was like out of a movie. It's like, (who is) this new guy! Comin out of the mental hospital, because he was having suicidal ideation. It was so intense. Seriously, like out of a movie, it was so intense. But yeah so, that weekend we really hit it off, and we kept talking, and I convinced him to break up with his boyfriend, who was making more money and far more professional at the time than I was. And to move in with me.

And so, he went back to California for a couple months, and he came back to stay with me over the summer, and that's when he discovered that I had drug abuse problems. But it wasn't until he went back to

his home country, and I visited him there, that he really noticed that I had some pretty serious drug problems. And then I came back for a few months, then he came back after he was done visiting his family in a foreign country. And then, having lived together for about three months total, maybe four, we're like, let's get married! So, I was the one who pitched the idea to him first. He's not a citizen of this country, and I was like listen, you know what, I can make this happen. I love you. I care about you. Let's do it. And so, we did, and that was less than a year ago.

And I remember going to pick out wedding rings with him at a jeweler or ring place or something, and this song comes on in the store by Ace of Base called "I Saw the Sign", and it talks about how the, the lead singer she says she saw the sign that "you're not the one for me" or something. And I'm like, in the ring place, you know, there's a couple second thoughts I have about this, if I'm being completely honest, but I committed to this, you know, let's do this. And the song is playing and I'm just like, this is one of those friggin signs. You know, and literally the song is like, "I saw the sign", you know, like oh shit.

But I mean he really, he's a good guy. He made me want to do better. He made me start working on my book. He made me start studying web development so that I can make websites in the future. He really pushed me to do all the good things, however, if I'm being completely honest, in the last few months, especially with Covid having shown us this, I think that we are just, and we talked about it (together) before, briefly, but I just think we're not compatible people. You know, and I think there's something to say about that in relationships in general. People, just sometimes, it just doesn't work. You know, it just doesn't work. And I think he and I have both accepted it to some degree, which is good, but it just still feels weird, because you know marriage is a very binding contract. It's very formal, and legal, and official, but it doesn't have to define who we are.

So, he's going to be going off to an internship and I'm going to be staying on my own for a little while, kind of looking forward to it. And you know, I'll have to talk to him more about these compatibility issues and how we may explore this in the future, but, it feels good to talk about this, even if it's just to my computer, and whoever else may read or watch this. This MDMA makes it a lot easier to open up about this shit though. **Laughs**. Oh my God, it really does, wow. Wow.

He's never lied to me, as far as I know. He's never led me astray. He seems to have my best interests at heart. I just think we're not compatible for long-term life partnership. You know? And, the song that came on the headphones sounds sad, on my instrumental music thing, um, and you know, it's okay. But I think he'll be okay with it too, and I think we'll both figure out exactly how to work it out, because I think we're both smart people, and we, and he's taught me how to become better with compromising and. Because that's what marriage is, it's a lot of compromising. There's a lot of compromise in marriage, and for those of you who aren't married, and for those of you who are you probably know, and I haven't even been married that long, but definitely a lot of compromise. But I think this was a wonderful lesson for me to learn, and still is a wonderful lesson for me to learn, and I look forward to seeing what else it can do for me in the future. Alright.

T+1:42: Do you want children? Wow. That's the fucking trillion-dollar question, isn't it? **Sigh** I mean yes, yes I do. You know, I think it's a genetic or biological thing in the human brain to want to have children, to pass yourself on. Um, however, and this is going to be the major topic of the third book, there's a massive overpopulation problem in the world. There are not enough resources, I believe, based on what I've researched and people I've talked to. There are not enough resources to sustain the population at almost eight billion people. It just, there just isn't enough, and I don't want to get into too many details, for the purpose of this whole experience, but **Yawn**, but um, so it's hard for me to rationalize bringing a child into an overpopulated world, and there's just so many issues right now. You know, there's climate change issues, political tension, the Covid thing, and who knows maybe something else like Covid could come after this. Maybe the time will come when the situation feels right, depending on what's happening in the world. And I'm really. I'm excited about it. Nervous too, but excited, and I think it would be just so beautiful and amazing to create a child with somebody special.

T+1:44: What parts of myself could use improvement? I can be stubborn at times. Husband and I were talking about this. I can be stubborn at times. Mostly because I think I'm very smart about certain things, but the fact is there is a lot of people that went to school for many years who know a lot more about stuff than I do. It's humbling to realize that and I'm glad that I kind of have. My stubbornness has been getting a little

better, but I could still definitely use improvement with that, and from conversations with my husband he says that I'm quick to deny something. And It's because I have this general lack of trust, in almost everything, mostly mainstream news sources and what the government tells me and stuff like that. I just don't... I just don't trust it. But of course, that doesn't mean that I have all the answers either. But if I could become a little less stubborn. And I said it before but I'll say it again, if I could be a little more honest, especially to myself, and I've since been pretty honest to those around me that I love and care about. I want to be more respectful. I want to get better at listening. I want to get better at listening, as in, sometimes I feel like I talk too much but I don't listen enough, so if I listen, I can learn better, and then I can speak with more authority on certain issues, perhaps.

T+1:46: What do you think happens when you die? That's a hard question. **Yawn**. Well, for the longest time, I was 100% convinced, well, in my early childhood, I grew up in a Catholic house with Catholic friends, so we believe in the heaven, hell, and purgatory thing. So, I believed if I do good things, I go to heaven, but, when I realized my homosexuality when I was 11 or 12, this made me kind of question things, because God said being gay is wrong. But, in my head, like, I'm not choosing this, this is just what I, I mean I see men and I'm into them. I am not choosing like, "Ah yes, let me be into this man." It was almost like I couldn't help the feeling. And it's like well, if God made everybody, then why would he make people feel this way, just so he could punish them? It seems a little sadistic, you know right? **Laughs**. So, that kind of shattered my concept of religion, and what I thought happened after you die. What if religion is wrong? And not all religion is wrong, well.

What if my idea of what God was, was incorrect based on my teachings in the Catholic religion? And so, that was a harsh truth to come to, because then I'm in my teenage years, and I'm like, but then, what's the point? And I didn't think about it too much, and I was still vaguely religious, probably throughout high school. But then when I got to college, that's when I really start to think about it, the adult brain develops more, and can think more deeply about things. Wait so if religion's wrong, and let's say there is no God just for the sake of example, and nothing happens after you die, then really what's the point? So, I became rather nihilistic, probably contributing to some of the drug abuse that was happening at the time. And, I couldn't find meaning and like I said that was one of my biggest fears that I mentioned earlier. Well, if there's no life after death, then what's the point in being alive? And I'd comfort myself in saying, well that's kind of the beauty of it, you know, if you have this life, you should make the fucking best of it. You should do all the things you need to do to make yourself and others feel good, and that's just the way I see it.

However, I have been reading some theories lately, that make me question if death is really the end. If we are just some other kind of, being, that walks around and dies and nothing happens to it. I try to look into the idea of a soul, and they call it the immortal soul, and I always laughed at the idea of reincarnation, or something happening similar to that, but the more I think about it, and the more I experience bizarre phenomenon in my life that seems to happen, well, rather bizarrely, the more I start thinking that some of these theories could be possible. One such theory was, this is from the book *The Law of One*, by the Ra Material, someone was getting alien messages spoken through her or something, and to some people that's schizophrenic, but to many people who read this book, they take what was said pretty hardily, and it's freely available on the internet, which makes me look at it more credibly. Essentially, this being speaks through this woman, says that there's seven densities, and we're moving up densities, as beings, and when we die, our soul moves on to another density, as another being, in another place. And that, in order to protect the memory of your past life, there's this "veil of forgetting", that appears and it makes you not remember your past life. And I'm like, well this theory sounds, you know, interesting and fun to think about, but, if there is such a strong veil of forgetting and you can't remember anything from your past life, then it's kind of like this is your one life and that's it, right?

So, how do I operate with that? I operate kind of like this is my only life, but kind of like there might be another life. And I think I'm somewhere in the middle. And I read a lot of other theories besides that one about the soul continuing on, and how animals that are existing right now, non-human animals, are just like a pre-soul almost, and they can move up to a human soul after they die. These are some of the beliefs that indigenous tribes share the world who actually are frequently inspired by the use of drugs. But again, I don't know. And I only know what I know, and this is something I don't know. So, I'm about 50/50. 50% maybe

we die and nothing happens, and 50% maybe we die and we go somewhere else, but we wouldn't remember it anyway.

T+1:52: What do you really feel is your purpose? My body feels much more relaxed. The sweating has gone down. I think I'm going to take the (recommended) supplementary dose two hours in. I just don't know how much, but I'm curious to see what it will do to my brain. 94 bpm. Slight nystagmus. Fuzzy kind of warm feeling. Slight shiver still.

Okay, what do you really feel is your purpose? Okay, I believe it is my purpose to help humanity to the best of my ability, to the best of my ability. I believe that I have a good message to share and that by sharing it, it will be beneficial to as many people as it can be beneficial too. And probably not all, but, and you know my message is that, and I touched on it earlier, but. How do I want to say this...? You know, we don't have to be as humans, mean, disrespectful, or rude, or violent towards each other. We really can have a loving relationship between all beings. It doesn't matter what color shirt you're wearing, what color skin you have, what your sexual identity is, or what you do when the door is closed, you know drugs or bizarre fetishism, or whatever it is. And we can all just, you know, just treat each other equally, and so I believe it's my purpose to spread this message that we can do this, and in so doing, or by so doing? Or whatever, or in, trying to write books that will spread this message. So, the first one, was the harm reduction manual, and oh man it was so magical. As I finished that, it was as if something was typing through me as I'm finishing it. My hands, they started seizing up. I couldn't even post the book on the internet. I was trying to type my Reddit post. I couldn't breathe. I was crying. It was a really intense experience, but I took that as a sign that it is what I'm supposed to be doing.

So, then I started working on the second book. I think I'm about 80 pages in so far, give or take. I'm shooting for 300, so it should be done in a month, month and a half. There's been a lot of emotion about this too because I have very strong feelings, and this one is about the legalization of drugs, and, well the legalization and regulation of drugs, and how humanity would benefit from legalizing and regulating everything. You know, many people die from suspicious drug, you know fentanyl laced in heroin, as opposed to if people could have just bought real heroin, they wouldn't be dying. Many argue that it's going to drive drug abuse rates up, but I have theories about how we can help the mental health of people and how... Actually, based on the Portugal example, who decriminalized drugs many years ago, about 20 years ago, they did not see remarkable rates of illicit drug use increasing. Anyway, that's just a whole different topic. But, I feel like my purpose is to write these books, and to give them away for free so that people may learn something new, and actually, maybe want to help each other, maybe want to help each other grow stronger. We're not there yet, but hopefully we will be.

Oh, now we're getting to these questions... I'm gonna wait five minutes and take more drugs, and then talk about them. I know I don't need to take them to talk about them. I could talk about it right now, but following this psychotherapy outline, what I read online. **Sigh**.

T+1:57: Some slight sweating. Still body slightly shivery. And a lot of emotions. Feeling really good about it. I thought I'd start crying at some point. And I do cry on an almost daily basis, to some degree. It's usually cathartic, but sometimes it's from sadness admittedly. Though I'm definitely not depressed. I feel happy and solid most days. I don't think I have to do my ritual of showing you exactly how much I'm weighing **Weighs out drugs**. Hopefully you trust me a little more by now **To camera**. So, they administer between 80mg and 180mg (total), so that would mean another 59mg more, and they said 125mg and 62.5mg and that adds up to 187mg (in one of the studies), and I was like what? Ooh, I dropped a 58mg rock right away, let's do that! Seems appropriate to me. What are the chances of that? So, the next topics that will be discussed will be personal traumas, and difficulties with the past. I'm glad I warmed up with the other questions first, it's easier that way. I'm really excited to see what people will think about this. Okay, you can see the 50+mg rock in there **Shows camera**. **Crushes rock, mixes with water**.

T+2:00: Okay, it's officially been two hours. This has been a wonderfully therapeutic experience so far. And this is going to cause probably increased intoxication, and hopefully make it easier for me to discuss the issues of my past. **Takes drug**. You know, it doesn't taste that bad. Let's see if we can maybe add a few questions to this while I'm letting this kick in. Oh wow. Effects seeming to build within one minute, but it could just be placebo. I don't think I could get an erection now, unless I were deeply in the mood, and the environment was very warm, perhaps with hot water. I have some sexual energy but not much, although I have enjoyed sex

while on MDMA in the past. Regardless, I'm happy to be doing this alone at the moment, for the purpose of therapeutic gain. Part of me wants to smoke some cannabis, because I know that would calm the slight chill that I have, but for the scientific purposes of this experiment, I'm going to abstain. **Sigh**. The music was a good idea. Definitely nystagmus. I'm almost amazed that I used to party so hard on this stuff. It's heavy. **Laughs**. Probably because of my lack of tolerance. Also, it seems, and this could be by the influence of my environment and what I'm doing, that I did not lose the "magic", even after having taken the drug, maybe 70 or 80 times (in the past), however, I do think that by only taking it four times in the last two years, maybe three years, it allows for stronger effect **Laughs**. Happy to be sitting at my desk, where I do my work, because it's comfortable for me. For some people, their desk is a source of stress, but for me it's a source of peace. Okay... This is going to be hard. Strangely, it seems like it will be easy with this MDMA involved. Okay...

T+2:03: Can we talk about your "psychotic" phase? So, I mentioned it briefly in my first book in my About Me section, or the Introduction, I forget which, how I was caught smoking weed when I was early in my college years. They put me on probation, and so, I ended up using Synthetic Cannabinoids (they don't show up on a drug test): fake weed, K2, Spice, Incense, it's all the same thing. And I smoked them as frequently as I was smoking cannabis. I smoked them multiple times a day, all day long, and it gave me a kind of, (after months of constant use) some of the symptoms of what some may classify as schizophrenic. I was seeing things that weren't there, believing really outrageous things. And **Sigh**. I guess we can talk about them.

I believed there were **Sigh**. I believed that I was the product of a human experiment. I believed that I was some alien robot creature from another planet. I believed there were cameras imbedded behind my eyes, so that other people could see what I could see. I believed that anyone who sent me a text, it was not sent from them, so I would make people video chat me. I was extremely paranoid. I would respond to people as if they were robots sometimes, because to me, I was losing grip with reality. **Sigh**. Um, I also, had belief that I was raped at one point. I mean, you know I don't think that's true now, but. **Sigh** Damn. Am I really gonna post this on the internet? Those are just some of the beliefs that I had. There were many others that were outrageous.

Oh, another one. I remember calling my mom, and being like, "Mom, yesterday, there was not a Shoprite here, but they built this Shoprite overnight! I swear, it's like it appeared, you know like the Matrix just created it." And she was like, "What the hell are you talking about?" **Quiet Laugh** (Shoprite is a local food store in New Jersey). I thought there were cameras in all the walls and nooks and crannies in every place that I went. I mean, there actually are a lot of cameras now in today's society. But I was, you know paranoid the government is watching me and all that. They (my parents) took me to get evaluated at one point, and I just told the therapist everything that I thought I needed to tell them to make sure they didn't keep me there. I was like, "Yeah, no, honestly all my paranoia stems from the fear of the destruction of the earth." I was worried about valid issues, but a lot of conspiracies, climate change, political corruption, false-flag operations, and things of that nature. So, interestingly, even though I stopped doing the drugs, there was a period of time after I stopped, that I was still having these, kind of questionable thoughts.

And then (after about two months) I got some Methylone, which is a chemical relative to MDMA, and I took some in my room by myself, and it's like, I snapped out of it. It's like all of a sudden, all the really irrational thoughts just like, "Hey, there's probably no cameras behind your eyes," and "Hey, that Shoprite probably didn't just pop up" and several other things that had still been in my head when. I texted people, with "Hey, I'm so sorry for all these bizarre things that I said to you." Most people were cool about it, and I got most of those friends back, but it was definitely a struggle for a long time. And still now, sometimes I have flashbacks to some of those experiences that I had. However, talking about it right now is so, SOO HELPFUL. I am so grateful that I can talk about this right now, even if I don't share this with anyone else but myself. This was probably the greatest struggle of my life. And I believed everything so wholeheartedly, and no amount of rational thought from other people could convince me otherwise, because I thought it was all this kind of conspiracy against me. Sort of Truman Show-like, but it was, it was hard. It was hard. That was about six years ago. But I feel like, honestly, I've been making vast improvements every day since that time, and it feels good.

T+2:10: Do you think something actually happened to you? That's the next question. **Sigh**. I'm feeling the come-up of the second dose. I feel the euphoria, but I'm also troubled, thinking about what. So, the next question, Scopolamine. For those of you don't know, it's a plant native to South America, maybe Mexico as well, and it's a deliriant drug, that when used, causes heightened suggestibility, and amnesia. So therefore, this means that, if the drug is used on somebody, because of the amnesia, and because of the suggestibility, it can be thought of that you're controlling their mind by telling them to, "Hey, could you give me some money?" And the person who's under the influence of the drug gives the person money. And then they don't remember it! And there has been one study that I saw, it was a 1991 paper ([https://sci-hub.se/https://doi.org/10.1016/0278-2626\(91\)90028-7](https://sci-hub.se/https://doi.org/10.1016/0278-2626(91)90028-7)), I read it recently. But yeah, so, this drug has integrated into my arguably "psychotic" phase. And there's a few things from that phase that I know were just downright untrue, like the Shoprite did not appear. I didn't get an eye exam to prove this, but I highly doubt there's actually cameras imbedded inside my face, when there's cameras on the phone and the computer, like why would they even do that?

But, there's some other things from that phase. And these things manifested for a reason. And so, there's a part of me that thinks this drug was used on me at some point or points in my life, but, how would I know, because it causes amnesia, right? I mean, I haven't done too much research into all the possible reasons why people use it, but they call it "Devil's Breath" for a reason. And so, I tried really hard. I meditate, and I try to let go as much as I can. I try to focus as much as I can. And I try to bring back as many past memories that I can, and it's so hard. And I was hoping the MDMA could help. But, I think these memories are inaccessible to me. If the brain functions like a computer, and you turn off the memory saving aspect of it so that it cannot save any information, which is essentially what I believe this drug does by causing amnesia, then, how would ever know if it was used on you or what you did?

And funnily, I was, after a particularly long meditation session a few days ago, almost three hours, I came out of it, and I was, I got right back into my book, but then the Scopolamine thing was distracting me again. Something was pulling me towards this. It was just a few days ago, and I saw somebody posting about it, like "Don't mix", what is it called? I forget the name, some topic on Reddit about Scopolamine. And someone made a claim like, "Oh people wake up without kidneys" and I actually have one kidney, so that's kind of funny. Or they said "without organs," but, and so, I replied to this comment on Reddit, "Do you have a source for this information". And then, someone private messages (DMs) me and says "Oh, I can get you what you want. I can get you the dark powder. You just high five somebody, and it just seeps right into their hand." And at first I was like, and this came a couple days after I made my comment, I was like "What the hell is this person talking about?" Dark Powder, is he talking about heroin? Is someone really trying to sell me heroin on Reddit right now? Like what the fuck?

So, I message him, and I'm like, "What do you mean by dark powder?" And he's like, "No no no, white powder." So I say, "What are you talking about?" And he says "Oh Scopolamine, I know you're looking for it." And I said, "No I'm not looking for it." And he says, "Yes you are, you asked for a source, right here." And he showed me the Reddit post, but I said no, I asked for the source of the information about where someone said they woke up without organs. And he's like, "Oh, haha, my mistake." And he kept trying to sell it to me. And he says to me that, "One gram can be cut into three doses." Which would be 333mg each, and of course, I don't know if anyone watching or reading believes in numerology, but 333 is a very powerful number. It's why it's in my Reddit username. So I'm like, what are the chances that this person starts asking me if I want to see this drug, it's very expensive by the way. The most expensive I've seen per gram other than perhaps pure heroin, and tells me that 1/3 of a gram dose, a 333mg dose, will be sufficient for what I'm looking for. And I was like, "You don't know me." Unless he does, and then that's a different story, but, **Sigh** So yea I guess I'm not exactly sure where I'm going with this, but it's just that, it's a feeling that I cannot shake, like I said something happened to me, and whether this drug is involved or maybe another, or maybe no drug was involved, it is a feeling that I cannot shake. Since the "psychotic" episode.

And um, I really know the truth. I want to know every secret of my past that I don't know. And, I'm sure that there's some way to find out. Maybe I just need to meditate harder, or for longer. Maybe there's certain drugs I could take. And then I was thinking, because I love to think about how drugs work, what if, let's say I buy this drug, and I don't even know what the legal status of it is, it doesn't matter. If I use it on myself, with the supervision of someone who I care about deeply and who I respect and trust, can they

maybe help me access some memories that I may not have access to without the assistance of this drug? And, you know that's obviously purely hypothetical, theoretical, so I, I don't know. However, one cannot know unless one tries, right?

Wow, talking about all that hard shit was difficult, but this MDMA makes me feel absolutely beautiful. **Sigh**.

T+2:17: So, I feel really good about this book that I'm writing, this second one. The legalization and regulation of all drugs. I think it just makes sense, and I think that the reason why drugs are illegal, is a big part of, to make money. I really believe that's a major reason. You know, then why isn't alcohol illegal? Alcohol is a drug, and it's a really powerful drug too, especially if you have more than a few drinks. That should be illegal if we really didn't want people to alter their minds. So yeah, I bring up the alcohol argument a lot, but one of my points in addressing legalizing drugs, is in self-medication. And, you know people self-medicate all the time, with "normal stuff", let's call it. Normal stuff like Benadryl, because they're stuffy, or Sudafed, because again, they're stuffy. Or cough syrup, because they have a cough, or Tylenol, because they have some slight pain. So, people already self-medicate, but usually it's to a lesser degree.

But when we think of self-medication with powerful drugs, such as this one, it is often deemed problematic. But you know, the question is, or the issue is, is that there's many people who do not have access to good psychotherapy. There're many people that do not have money, such luxuries, yet they're still tortured, day in, and day out, by whatever it is that's torturing them. Past trauma, whatever. So, part of my theory and potential solution for drug legalization is to make these medicines available to people, and instead of having a therapist available, because that's a luxury that few can afford, have this kind of, and I'm not saying that, asking all the questions the way I did is the best way to do it. But have a self-therapy session, and I mean I can tell you already this was extremely helpful for me. I am still peaking on the second dose, but I know that I just talked about things that have been very painful for me to talk about in a sober mind, but just kind of just came out just now.

So, I think people can benefit either by doing the same thing, making a video, watching it later, writing in a journal, and MDMA is not the only option. I think there's other compounds that have potentially therapeutic benefit, like 3-FEA, someone was saying to me, that's 3-Fluoroethylamphetamine. And 6-APB is another one, that might have empathetic and therapeutic potential. But, oh man, where was I. Oh yeah, so this drug legalization. I think by legalizing drugs and regulating them, we can allow people to self-medicate with the proper conditions. Obviously, they should be educated about the drug first. We won't be able to control everything, but we already can't control things. You know, all drugs are illegal, not all drugs but, all the illegal drugs are illegal, and they still are, they're more widespread than ever! You know, it's absolutely, it seems like freaking insanity to me. It really does, but, so instead, we make all the illegal drugs legally available, and then we don't have to worry about people overdosing from it, **Sigh**. Part of me thinks that there's a population control aspect to this whole thing. You know, and if the, ruling class of humanity truly wanted us to live happily, and have long lives, then they would have already legalized drugs, but...

And then, while I'm on the topic, just the idea of cigarettes. Cigarette smoking... Some fairly mind-blowing statistics is that cigarette smoking will kill one in almost every six people across the world. And the number is dropping slightly, but mostly in America, but in places like China, the number is more than one in five people die, as a direct result of cigarette smoking. I can't even fathom that. And maybe there's pollution issues there too, but I do know that the stereotype is that Chinese people do like to smoke in general, so, and you'll see this in my second book when I put out some of the statistics and facts. It's like, how do we live in a world where cigarettes, which are drugs, although they're weak mind-altering drugs, exist and kill so many people, but mind-altering drugs, such as MDMA, which can arguably create a positive mindset when used responsibly, are illegal and have such great medicinal benefit, and have been known about since the 1970's. And then I have concern that the ruling class just doesn't want us to experiment with these mind-expanding drugs to, they don't want us to know that there's a different perspective. That there's a different way to live life. Which is why alcohol is so good at keeping people calm and controlling people.

Oh, I went off on a tangent here, didn't I? **Laughs** But it's worth it. **Sigh**. I think I'm just going to close my eyes and breathe for a minute.

T+2:24: Jaw clenching. Nystagmus. Jaw tension. Sweating. But definite feelings of well-being and gratitude. Still could use probably a few hits of cannabis. **Laughs**. **Sigh**. I'm a little apprehensive about what it's going

to be like to go back and view this video and write down all these things so that they can be shared, but I believe that this will be a good example for the model of what I'm trying to preach in my drug legalization and regulation book. I'm not saying this is the best way to treat people, what I did here, by drawing up questions and answering them, but I think it's one way that can certainly help a lot of people. I think psychedelic drugs are good too. I think MDMA might be the first stepping stone, because there's a lot of euphoria behind it, which makes it easier to deal with painful emotions that arise, whereas with psychedelic drugs, sometimes it can plunge you into complete dysphoria. You know, and you're thinking about some of the darkest, most fucked up shit you could think about. So, I think if someone warms up, so to speak, with MDMA, does some exercises, practices getting in touch with the demons of their past, or the "shadow" as some people call it, then they can work up to a psychedelic drug which can really help open up their mind and give them relief.

Of course, I have to say it, that drugs are not necessary for this kind of thing, however, I think that the situation of the world is rather dire, and the amount of people living with severe disorders has only been increasing, and is especially going to be high after this whole Covid thing. I think it may be really beneficial if we could, you know, someone said it to me once, "Molly bomb the world". Maybe not literally, but the perspective that I develop on this drug, is so, the empathy, the feelings that I have for other people outside myself, the feelings that I have for myself too. It's like why can't we all just get along? It makes me sad that it's just not that easy. It makes sad every day I walk out my front door and I see the homeless people. They live not too far away from me, well, they don't really live anywhere. I've talked to a few of them. Some are interesting, some are, some have some serious mental disorders. Serious mental disorders. But it's like, is that any way to live? How do we allow that in a society like this, you know? And it's a big American problem. And some societies don't have homelessness as much. They kind of take those people in and take care of them, but I think we lack compassion here. Not saying as the US, but I think it's been conditioned on us by all the things that we see and perceive, whether from the media, or TV, or social media especially. **Sigh**. And it's just really hard to break out of that. **Sigh**.

T+2:28: I look forward to my future studies with drugs. There's a part of me that believes, I can create one day in the future, this like, world saving drug. That people take it and then just see everything for exactly what it is, you know. Humans are humans. We should all treat each other nicely. Animals are animals, we should be nice to them to. And I say this as a carnivore who eats animals all the time, but that's not going to be permanent, and I use it as a way to heal myself. I am digressing a little bit. Where was I? How does that happen?

Oh yeah, I want to create the world's best drug. So obviously my chemical/pharmacological skills are not quite there yet, because I never graduated school but, let's talk about future plans. I plan on getting into school and learning all that stuff. I kind of wish I just had some sort of mentor or master to teach me one-on-one, but I'm pretty sure I would need at least a few basic classes before I would be accepted into someone's arms in that regard. **Burp**. A little stomach gas, but this (MDMA) went down very pleasantly. I gotta be honest.

T+2:30: The second dose seemed to assimilate much more nicely in my body. **Sigh**. Although, it was probably unnecessary, to be honest, but I suppose we'll never know exactly what would have happened, because everything has already happened exactly the way it was supposed to.

Let's see, other hopes for the future. I hope to spread my message as much as I can. And I think by writing books and giving them out for free, that should really. I'm really proud of my first book. It got over 100 awards on Reddit. People really liked it. They said things like, "You're saving lives man." They called me a king, one called me a messiah. It felt really good. And I had someone be like, "Listen, I read your whole book. This is amazing." And just hearing that stuff, that's the motivating factor I need to know that I need to keep going in the direction that I am going in. I wonder how this experience would have gone if I had a therapist. Because in some of the trials they had *two* therapists to one patient. Wow, doesn't that sound fancy? But for the majority of sufferers from PTSD or depression, or stress or abuse, or drug abuse disorders, they definitely do not have the privilege of even one therapist, so... **Sigh**. Definitely eye rolls. Nystagmus. **Deep breath, Sigh**.

T+2:32: I just want to tell everybody, how much I fucking love them. Every everyone. How also, I believe that I could forgive anything. I really do. But I don't know, because I've never been, I don't know how some

of the most serious transgressions are. But I think forgiveness is a fundamental human quality. I'll try to exercise it more. **Sigh**. Breathing is powerful. If you don't meditate you should. The tree outside, it's leaning over a roof, and for a second it looked like a tree dipping in a lake. Woooo. Wooooooo, woo. Some hallucinogenic properties at 2:34. Only when I kind of entered a nystagmus state. **Deep breathing**. I feel a kind of tranquility and peace. Jaw's clenching. Teeth chattering. Perhaps I'm lacking nutrients. Going to have to eat after this experience. A divine experience though it was.

T+2:36: I'm moving my body to this instrumental relaxation music, and it feels totally fine. I can see how this would be useful in PTSD. My outlook is just so positive on just so many things. It's so beautiful outside. I have to pee, it might be hard though. Let's see.

T+2:41: **Grabs blanket** Because there's a chill. There's still a chill. **Closes eyes**. Trying to go back into the past. I want my past to come back to me. I'm having my visual hallucinations when I close my eyes. Some patterns. Everything is brighter, probably from the mydriasis (pupil dilation). Heart rate 92 bpm. Bruxism in the jaw. This is not a recreational drug at this dose, oh my gosh no. Holy shit. Unless you mix it with something maybe, but then it's a waste. Damn. Man, I am feeling it. I'm so excited to work on this book. I just need to work on focusing my energy. No distraction. We don't need to scroll through our phone. We already know what's on Reddit. Shit. Social media, don't really use it.

T+2:45: God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference. God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference. Do I have any regrets? I was talking about this with my husband and my parents the other day, if I had any regrets. And I answered that, as of right now, the way everything has gone in my life, and I mean like yeah, I guess there's things that I wish I could have done differently, but everything led me up to this spot, to be exactly where I am, right now. And I'm quite happy about it. Every time I spent in jail or probation, it was a learning experience, and I'm grateful to have had every experience that I've had so far in this life. I look forward to as many more as I can.

My eyes have a half-closed look. The instrumental music is a much better idea, well MDMA can be state dependent, but I think if I had loud music, maybe that's what gave me some of the energy to party before. Life is beautiful. I am beautiful. I am beautiful. I will do what I have to do in this life. I will do it.

I would not drive on this dose. No no no. No driving for me! At times, I feel like I go back to a child-like state, but at other times, I feel like my thinking is very adult. It's such an interesting sensation. I really hope this will benefit as many people as I think it can, or more. Explicit case of self-medication.

T+2:52: The tree branch outside did a weird thing again. I would say I feel slightly intoxicated. Moderately intoxicated. There's a warmth and a pleasantness, and I'm grateful to have had the conversations that I had today, and I am looking forward to broadcasting them so that others may learn. I'm excited to finish, not even to finish, to work on it. They say it's more the journey than the destination. If I were in the darkness, I'm sure these pupils would be fucking massive right now. You know what, let's go to the bathroom and see!

T+2:57: I went to go jerk off, masturbate, induce orgasm, whatever is more, um, appropriate. I had been wanting to orgasm since before the experiment started so I was quite excited to go and actually do it. My dick was not fully erect though, and it didn't take as long as I thought it was going to, but I'm sure if I was with another person, I could have made it work a little better. I was pressed for time, so I came back here **Laugh**. Wow. What an interesting experience. Drugs are something the fuck else, man. This is going to take me a long time to go type up all this stuff later. But it will be sooo worth it. I did my research. It's not easy, but it was fun. It was fun. The collection of sticks hanging from the tree almost look like a bird. **Chuckle**. What else do I want to think about? We hit on all the really good stuff. Oh, the orgasm was great by the way. I don't think I elaborated. It was like "Whoa!" My eyes were spinning around like crazy. It was pretty intense and long-lasting. Recommended. Especially if you're doing it with another person. Make sure you already have an emotional connection to that person first, because sometimes if developing an emotional connection while under the influence of MDMA, especially if it's your first or second time meeting this person, does not always mean that the relationship will go well. No, no. I noticed this.

T+3:02: Let's look at these questions again. What is my favorite thing to do? Running and writing. What am I most grateful for? Family, friends, arms, legs, food, the list is infinite. What are you most afraid of? Meaninglessness. What is your dream? For everyone to see each other equally in the world. No racism prejudicisms or any other -ism's, so that we may one day all care for each other. How will I increase trust in

myself? I will be more honest to myself. What do you think about addiction? Although I struggled with it for several years, I like to think that many of my addictive tendencies are behind me. I'm not gonna say that they are all behind me. I feel the serenity. The peace. I just want everyone to experience that feeling of peace. What's it feel like to not hate, you know? One day, determined to change the world, to make it a better place for everybody here. Still not exactly sure how I'm going to do that, but I will. No matter what the issues are in my past, that cannot be remembered right now, or if they don't exist, I promise to try my hardest to be successful. **Sigh**.

T+3:06: Keep deep breathing. It feels so good. The shivers and chills went away. Slight jaw clenching. Slight Nystagmus. I want to hug somebody right now. I'll hug myself. **Hugs myself**. **Sigh**. These tree branches keep turning into stuff! Hallucinogenic it seems at certain doses, although apparently MDA is more hallucinogenic, and that was around before MDMA. I'll have to try some one day, for simple curiosity.

I'm supposed to go to the beach later today. It's one of my favorite places. **Sigh**. Peaceful ocean, warm sand, and I love the sun. I love the sun. I probably spend too much time in it, but the experience is so worth it. It's probably not going to be warm enough to go swimming today, but I think my favorite thing to do on the beach is perhaps run. Running barefoot.

T+3:09: What happens if I put on some house music? **Moves to music**. I'm trying to see if I can find the file for the first video that I made. Effects are dropping slightly. I can still feel it if I want to, but all the intense emotional therapeutic effects seem to have worn down. I wonder if I can cease transmission and add written notes from now on. **Sigh**. Cease transmission. Well, I hope that whoever watches or reads this, derives the benefits that they need to, whether it's the user struggling with drug addiction, or a government agency. And I really hope that it's understood that my intentions are purely benevolent and that there's a better future out there for all of us.

Time picks up here for live updates after the recorded therapeutic session.

T+3:14: It was shorter in duration than I thought. The jaw clenching is intense, as was expected from a 179mg total dose. I am playing music loudly through the television and it feels amazing.

T+3:30: Consuming magnesium glycinate seems to quell some of the physiological anxiety I was feeling from the MDMA. I think I will eat some eggs for lunch, as they should give me the energy for the rest of the day.

T+3:54: Either the hot shower or the magnesium helped relax my body sufficiently. I feel like I had quite the mental workout, but in the moment, when I think back, it's like it was not difficult at all to keep speaking. I feel a bit cleaned out, both mentally and physically. The drug was harder on my body than I thought it would be. My tolerance is nearly non-existent, and I also think I am more sensitive to drugs now.

T+4:09: I am feeling rather drained, but in a good way. There's a slight restlessness, but when I breathe into it, I am actually feeling quite okay! HR still elevated, 95 bpm

T+4:34: I began eating and it helps restore some of my depleted energy. It is almost as if it is reviving some of the effects of the drug! My mouth is still slightly dry, so chewing is a bit more of a chore.

T+5:14: Eating was a great idea. I feel much more rejuvenated. I am still sweating a bit under the arms, but it's not too uncomfortable.

T+5:26: I called a friend I hadn't spoken to in a while and it was so refreshing. There is definitely some lingering positive mood state and an increased desire for sociability. There has been some difficulty urinating the last few times I tried, but nothing debilitating. There is still a lingering appreciation for music.

T+7:15: A friend picked me up and we went to the beach. The sand on my toes felt wonderful. The breeze is refreshing and the sun feels like it is bringing me life. Conversation was a little hard to follow at times. In good spirits. Sense of well-being present. Optimistic. I keep playing with sand between my hands and it feels so relaxing.

T+8:30: After running 6 miles barefoot in under 42 minutes, I was feeling absolutely fantastic. The effects of the drug were certainly lingering after the initial dose, boosted by the recent vigorous physical activity.

T+12:00: There is still definitely a lingering positive energy, though I feel somewhat depleted from the day's events. It is a wholesome feeling. There is a sizeable part of me that is apprehensive about re-watching my video therapy session from this morning. But I tell myself, this is where true strength lies...

T+16:40: I am still feeling quite good. I just drove around for a while listening to music, and it was absolutely wonderful. I am still overwhelmed with feelings of gratitude.

T+24:00: I awoke today feeling positive, possibly the result of lingering drug effects, but slightly restless. I think eating a slightly greater volume of food yesterday than normal contributed to a more positive feeling at wake-up today. I think the thought of transcribing the more difficult part of my experience this morning is a slight stressor. At the same time, I am looking forward to it so I can better understand myself and why I am the way I am.

T+30:23: I finished transcribing and reviewing my post. It will be on the internet soon. I feel absolutely amazing about it, but a little nervous as well. I think that in terms of things that are “good” or “bad”, this project leans more towards the former.

T+37:00: Wow, as I finish eating, I feel a bit drowsy, which is not uncommon. I am also feeling a bit of a sensation that is spreading over my body, almost as if there is a mild resurgence of effects. I fell asleep shortly after at 7:30PM, which is very early for me. I think my body was craving sleep for recovery.

T+49:37: It is now more than two days past consumption. I feel very good about what I did – having my personal therapy session. There are no regrets.

T+96:00: It has now been a full four days since my initial dose, and I am happy to report that I still feel a lingering positivity from my experience days ago! I did not experience any “come-down” or negative symptoms like I used to when I took the drug frequently several years ago. I was pleasantly surprised by this overall experience, and hope that this report can be helpful to others.

After Thoughts

In the future, I should have created more questions to probe the brain. I thought that I would spend more time on each question than I did, and this left me feeling quite intoxicated without any questions to explore for about 45 minutes. I might have been able to think of questions in the moment, but the intoxication was fairly strong. I also think that next time, I won’t take such high doses. Perhaps 110mg and a supplementary 40mg would be better for me. The total 179mg was simply way too high. Perhaps because my bodyweight is 30 pounds lower than the average male in my age group, or perhaps my diet permits drugs to enter my body more powerfully. It could also be that the drug was dissolved in water and so hit me all at once.

I was also surprised that it took me over an hour to feel prominent effects. I remember it would sometimes take a while for the effects to kick in while I was at raves or other social events. Here, I thought that because I had a fully empty stomach, that it would come on in about half an hour. I was mistaken. I am glad I waited out the effects. The big mistake some people make is that they “don’t feel it” in the right time, and so they take more, only to be greeted with overwhelming effects.

Taking MDMA with therapeutic intent was *entirely* different than taking the drug in a recreational or social setting. I feel like it was almost an entirely different drug. There was a piece of me that was trying to relate the experience to some of the social settings that I was more familiar with, and I admit that I had a slight craving for an altered state of mind as the second dose of MDMA wore off, perhaps because I was flashing back to the party lifestyle that I used to partake in. Also, I may have desired to alter myself because I was dealing with painful memories that I had not acknowledged in a long time. The way I used to deal with unpleasant thoughts was with drugs, and it was not that long ago, so maybe this caused a resurgence of this desire? Fortunately, this craving was easily mitigated with a healthy meal, which interestingly seemed to boost the residual effects of the drug, greatly improving mood and energy levels.

Overall, I really feel like I derived serious benefit from the experience. Positive feelings are persisting into the next day, as I finish writing this report now. I believe they will continue to persist. My belief is that these optimistic feelings will persist for quite an extended time after. I believe that recording my experience, watching it, writing it down, and then rereading it ALL were fundamental to cementing a positive unity with the troubles of my past.

After this experience, I have an entirely new respect for the drug. If I had known about some of the therapeutic powers it had earlier, I probably would have used the drug differently in my youth. I am unsure if

I will be ever be able to take the drug again in a recreational environment the way I used to. Realistically, I will probably try, but I will definitely be thinking of this experience the whole time, and maybe even sharing the potential benefits with others who are indulging in the consumption of the drug.

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Experience with Methamphetamine while Under its Influence

Maybe just Tell it like it is instead of categorizing it so intensely. I said I would start yesterday, January 17th 2022, but it ended up being at 7:11 am on January 18th 2022 (right now, as I write this).

No stakes, win or lose - I'm throwing two 6-sided dice right now, my guess is 9...

... And it was a 7 (5, and 2, but the 5 die landed on an off-edge nearby, so only baobt 70% of it was face-up). I used to make life decisions by throwing dice and acting out the rolled number. Now I just guess numbers for fun here and there.

Food for thought: If everyone around you had a gun pointed to their head, with their lives at stake should the truth be revealed to you, and someone whom you have 75% trust confidence in says, "Well then, I'd definitely tell you the truth!" How would you ever know if they were being honest with you?

Sidenote:

I will be trying to use pronouns that I think are more useful universally, in order to try to break down the separation between whatever it means to be a "man" versus whatever it means to be a "woman". This is also to show inclusivity to any member of a gender-non-conforming community (myself included). This means that in all locations where "she"/"he" would have gone will have a "te". Any use of "him"/"her" will be "tim". And any use of "his"/"hers" will be "ters".

Perhaps an even better reason for doing this is it helps enhance the anonymity of my experiences. I will also try to keep out obvious personal identifying information, though of course those closest to me will know who is who. I would apologize, but I have to at least be heard about some things.

POPULAR INDIVIDUALS THAT HAVE ALLEGEDLY USED MTA.

Former president J.F.K. was said to be taking Amphetamine injections, as supplied by Doctor Feel-good

(Pics)

Marilyn Monroe was alleged to have joined him, and they carried on an affair. After watching the "Happy Birthday Mr. President" video on YouTube, I felt saddened, seeing as how intoxicated she was, likely having minimal idea about how any of the drugs she was on were affecting her. She was likely broadcasted worldwide, likely being one of her most notorious short performances. Perhaps the doctors didn't even know how the drugs would affect her, given her far-reaching and high-level popularity.

Adolf Hitler was reported to have taken injections of Amphetamines.

I was told that Ariana Grande has consumed MTA.

Demi-Lovato, who was brave enough to come out publicly about an overdose and subsequently go to rehab, is said to have consumed MTA.

I heard Fergie, former member of the Black Eyed Peas, was so intoxicated on MTA, that she gave it up after being awake for several days, and found a path towards God in church.

OUTRAGEOUS STORIES, MYTHS, AND MISCONCEPTIONS ABOUT MTA.

I can recall my mom telling me a few stories about MTA that she had seen on the news or read about it online. The first one, was how a young couple who just had a child, managed to put their newborn in the oven and bake the child because it was crying too much. Now, when first seeing this, if the reader has ever consumed MTA, they probably think this story is unlikely or a very rare and special incident. For the non-MTA consumer, upon hearing this story, they may be skeptical, but usually the effect of sharing this story is that fear of the drug is increased. The more people that fear a drug, combined with this sensationalized news, the stigma for MTA has been notoriously negative.

Another story I was told by mother was that another couple got so high, they just walked out into the frozen wilderness and kept walking and died. They had reportedly made a few frantic phone calls about how scared they were. When I first heard about this, I was probably about 16. Mother had a sad look on her face, and at the time that story resonated with me, giving me more of a negative image about MTA.

When I got to college, though I was experimenting with Ketamine, MDMA, and other "not so hard" drugs, the way MTA was talked about amongst friends was always with such a negativity and disgust. Several of my close friends had at least one friend who got involved with MTA and their life had taken a turn for the worse. I made several promises to friends that I would never do it. I was afraid of the drug at the time. It was only within the last two years that I had actually seriously considered trying the drug. This was partly inspired by my friend who was a daily MTA smoker. I speak of him in a later section of this chapter.

People also believe that, generally, after just a few MTA smoking sessions, the teeth will start falling out. After doing some research, interestingly, it is not the drug that is having a direct effect on the gums and teeth, so much the drug can cause some users to neglect dental hygiene, and food in general. MTA can be corrosive, but if it is cleaned off in good time, or if food can be eaten, this *may* lower the chance of direct drug-to-teeth damage.

After elucidating these points, I feel it is necessary to bring up Alcohol and its legal status. Since it is legal, and therefore the leading intoxicant of consumption amongst the world, its consumption is encouraged, even though Alcohol, especially at higher doses, is a drug that is harmful to virtually every organ in the body. Compared to other drugs, it is relatively cheap and easy to produce, and has such a history of use throughout the existence of the human race, that few look at Alcohol as a drug.

TODAY'S EXPERIENCE

Earlier today, I injected what I believe to be Methamphetamine (now abbreviated MTA). It was from someone who I trust in terms of product quality and on a personal level. I also ran some tests of my own on Lieberman, and Mandelin kits (which I do most often). I also usually do the Marquis (my favorites of all the kits for variation of use), but instead randomly did a Froehde reaction, which bubbled and then showed clear, typical from the high grade MTA that I was used to.

(Pic)

Get rid of this bitter rant and tighten it up. Practice what you preach Masho!!!! Vengeful wording here. It's like that "writing angry letters and not sending them"

Having been drugged with a variety of substances that were MTA-like, occasionally without my knowledge (now I am quite grateful of the experience. I should have been testing it, but my desire to get high overtook safety precautions - ironic, as I wrote a 357-page book on drug safety) at a particular location, I experienced a variety of effects. The individual insists it was the same "Stuff", but at times it most certainly was not like I remember the first time.

The last time I took injection, I was particularly suspicious, and I questioned their behavior more. I feel as though the specific drug for batches for vaporization and injection were often hidden from my knowledge. There were also times the injection was prepared out of my eyesight. This is a big drug no-no, Even if you have 100% full trust and confidence in the preparer as they could make a mistake. Very unique MTA experiences I had at this place. Grateful for each of them. I learned so much so quickly.

I also

THE FIRST TIME IT WAS ACQUIRED (For experimentation based on curiosity)

This was first intentionally administered in December vi insufflation, but because I had also used roughly 7 or 8 other drugs in high doses within a short period of time, I honestly don't remember the experience very much. I feel like I was trapped in a haze for ages. I remember watching a TV show as the stuff wore off. I remember coming outside and seeing my relatively smaller-sized car sandwiched so tightly between two other cars on my one way Los Angeles side street. I also remember pissing my spouse off, lying incessantly (even knowing I was lying, which I can not recall another time I'd ever done so so genuinely), and being really sick at the end. The test results from this MTA sample I first had can be found in my first Book at Reddit Link:

My first thorough experience, following a fairly recent dream of the recently deceased Chemist Alexander "Sasha" Shulgin, telling me that "If you're going to try the meth (te had a rather "scientific, but modest" tone to ter voice.

BUT WHY DID I DO MTA TODAY FOR THIS EXPERIENCE?

Great question. I believe announcing intention, even if just to oneself, before taking substances to be hugely beneficial. Despite Attempting to actively be trying to take an extended break (30 days plus perhaps) from MTA, I was quite pulled to it today.

First, a brief background of recent substance use habits - The first, what I would call "remarkably discernable" experience with the drug was jn April of 2021, right after my spouse left for several months for work and it was revealed that he allegedly had sexual relations with another individual (though I'm not sure if this ever actually transpired).

Against

WHAT ARE MY QUALIFICATIONS TO TALK ABOUT MTA?

While it's true I have no formal college degrees, I have done countless hours of research on drugs. See the first book and Part V of this book for some documented experiences and to see how I lay out my work.

As a limit pusher, I ran a barefoot, barenaked, non-stop, 26.2 mile marathon on the sands of Fire Island with a tab of LSD, some Phenibut, and GBL.

Experience with 130+ unique substance drugs.

WHAT DID I THINK ABOUT MTA BEFORE I TRIED IT?

(Pics of "Meth-face"), a person without teeth, or with red blotches all over their face. Someone

IN THE MOMENT, INJECTING MTA

Start @ 0846 on January 18th, 2022

Shot hit ya 848. Whishewwww.

(Pics)

Heart rate increase. Heightened senses. Jaw clenching from residual high, feeling I missed part of the shot into my arm somewhere. Think about 50% of it hit. This was a 20cc shot, as they might say near here

(Indicate process pictures)

Sensation of warmth in my crotch. I'm reminded of the Matrix Revolutions scene (saw bits of the film a couple days ago) where the Merovingian's hookup eats chocolate cake and becomes so visibly aroused that she excuses herself to the bathroom!

+:03 WOW. It's only been three minutes post injection? I also noticed these needles I was given are narrower, 50cc compared to the 100cc ones I was used to.

+:04 Despite the rehashing of traumas with the first shot, I seem to have my sexual energies ramped up with this second one. I confess I'm a little surprised.

+:05 Definite feelings of confidence that couple with quality product. And dick tingles!

+:08 Given my current level of distraction, combined with the tightened feeling (vasoconstriction) of the drug, I do not believe I would be able to maintain an erection at the moment - though I might be willing to try. Divynals style. Without being what some have called "that screaming blonde bitch on Meth"

+:14 I like how this stuff makes me think. I entertain fascinating thoughts about Aliens, underground cities, the future, and what I can do about it.

+:20: Too high to be horny. Quality product that I was not expecting. Love the "Un Dia" song - it might be my favorite at the moment

(Screen Shot)

I hope that the first impression that I made on everyone will not be how I'm judged forever... Especially after that third book comes out. Perhaps it will be all we need

+:26: Attempting to redo a first impression on TikTok

+:30: Grateful to be able to do this and share it with everyone :).

+:1:13: I made a TikTok, and played dressup, activities I like to do while on the MTA. Contrary to what many believe, I actually prefer probing the deep recesses of my mind and having deep conversations over having sex on the substance. Don't get me wrong though - still enjoy the sex.

Reflecting on this time of what I've done in the past on this stuff, like DAMN! I wish someone would have told me that the effects could even possibly play out like that. But as someone who had experienced roughly 110-120 unique drugs at this point (List in Drugs of the Universe: Volume 1). Updated list in the back of book.

+1:33: All the positive things I want to do in my life come to the forefront. This is the deceptive part MTA. Saying to myself, "I'll do this!!" Or, "I'll do that!" And genuinely believing it will be done. When I had kept my use sporadic (twice a month, with quality product), I would actually follow through with a lot

+1:52: Some residual pain from where I didn't fully hit injection earlier in the right arm. First shot went to the left arm. I find MTA to be a mild analgesic.

+2:00: Although I previously swore off Nicotine Cigarettes

(Pic marlb, pall Mall, similar logos)

I did learn a lot about potential deception of drug companies for profits, as examples by Cigarettes. I say I wouldn't smoke one for 10 million USD (which to my understanding can still buy bout 12-20 three-story houses in suburban America, or about 20-25 Lamborghinis

(Pic of assorted Lambos)

I would only smoke one if I could know exactly what substances were in the device. Genius money-making drug for profit, however the humanitarian cost is extreme.

+2:10: It's been maybe... 2-3 years since I've had a cigarette. But today, I am going to do a little *magic spell* by Smoking a few puffs on this Nicotine Vaporizer, which hasn't been consumed in about 6 months. I am also just curious about the effect.

+2:15: Whoa, rush. Been quite a while since I had vapes nicotine. The cloud is harsh and nowhere near as satisfying as MTA. The headrush is almost enjoyable, but it's so unfamiliar, I think the joy comes from a nostalgic mindset. It is definitely

+5:50: I believe I am beginning to get a better understanding of myself. Lots of teeth grinding. Puffs off the cannabis vapor pen are very gratifying. Overall, I had a gratifying experiment

+6:30: Just had a great idea to try some of my therapists exercises while I'm still feeling the effects (eating helped me).

What does the ideal version of 'me' look like? For work?

I want to do research and study drugs, but for now it seems like the external environment is still in chaos. People are still ordering fast food. Anger and confusion is still present in faces. How do we get out of this construct of control?

I'm glad I got naked and sexed up on the internet first to generate the appropriate chatter, then I hit them with the heavy stuff!

I wrote roughly... 6-7 pages? This is the most work I've done in a while.

I might honestly have greater feelings of empathy on this substance (if it is what I believe it is), however, there is an incredibly powerful sexual element for some. Others literally cannot focus on anything sexual activities.

T+7:00: Feeling a slight restlessness as the stimulants begin to fade. My take away from this so far has been realizing I can choose how to react - the same thing I was telling my mother (projection, glad I started taking my own advice!)

T+7:30: It was a pretty significant move today, relatively speaking. And also eye-opening.

just finished... "Sippin' my favorite Alcohol; got me so Lit I need Tylenol". First Kratom dose in ages.

Mood balancing, MTA effects finishing. Super grateful for the experience.

The magnitude of what I did last night hit me harder than I thought, so I thought what could help? Well, I called MTA the most psychotherapeutic substance for me. And I wanted to get high.

Occasionally, I knit a few thoughts together in my head of events that helps me understand my circumstances. These felt monumental in the moment.

My next plan is to do basically what I just did, but without the influence of MTA. In about a week, I will have reached the level of equilibrium I'd prefer to be at to set standard for, provided I eat well. I am curious to see how the second Meth analysis will pan out.

T+8:16: For such a psychostimulant, it causes me personal relaxation, probably because it helps me block out thoughts I usually do not want to entertain. Additionally, even if these thoughts arise, it is not as painful. I will use more CAUTION moving forward, as I still don't grasp how far my words travel.

ARGUABLY THE GREATEST ADVANTAGES TO MTA

Let's get it out of the way first - possible enhanced feelings of raw pleasure during sex/physical intimacy.

Interestingly, MTA was the most psychotherapeutic substance I have taken. I uncovered traumatic memories that even high doses of rare and obscure

Desire to mend relationships with those I haven't spoken to in a while.

I wish for everyone to be happy.

Please note a lot of these are likely influences by my idealistic mindset and personal bias, but I have also met others who become quite generous of what they carry or "Possess"

EXPERIENCES THAT COULD GO BOTH WAYS

SIGNIFICANTLY lowered inhibitions when socializing or engaging in sexual activities. Some events that you might say you would Never engage in. Interestingly, even After the experience had ended, I usually do not wish I had Not done something that I had said to myself that I previously would not have done (group sex, public sex, etc).

I have heard that the combination of MTA and pornography can alter sexual desires enough where a friend of mine has confessed to me that te fetishizes getting whipped until bloody, and beaten until bruised. I wanted to witness my friends "Dom", codename for the dominant, essentially abuse my friend, because I honestly didn't fully believe it. I never witnessed it.

I have been to Folsom street fair in San Francisco, and got a little into the style, but many of the activities offered were not quite for me.

MOST NOTICEABLE DISADVANTAGES OF MTA

It causes my body to create an odor which I find undesirable. During sexual escapades, depending on the dose of MTA and energy expenditure, I may want to shower several times.

If me, become a screaming blonde bitch, that is heard perhaps too far and wide. But maybe they did not reference just my sexual side.

AFTER-THOUGHTS - 14 HOURS FOLLOWING LAST INJECTION

I honestly still feel a stimulating buzz, though the Kratom I just dosed is reducing my wakefulness as well as takes the edge off.

I can ride out the positivity of mindset for probably another 24 hours, though I wouldn't describe myself as high. I must be mindful of this, because it is easier for me to succumb to poor decision making in the next day or two following my last dose of MTA if the dose was high enough.

When it came to picking romantic partners, I would have described myself as quite picky for quite a span of my sexual history. I was programmed (or so it feels like) to have interest in Asian (most often East Asian) individual with penises. If the person wasn't Asian, thin, shorter, and having a dick, I would barely look in another direction. I am not unique in my preference. There weren

COMMENTS ON ENHANCED SEXUAL ENERGY WHEN USED IN CONJUNCTION WITH GHB/GBL/1,4-BDO

My sex drive is on a sliding scale when these drugs are used. Too little of each, and I am usually enjoying myself a bit. Too much, and I will be unable to get an erection, and way too much means my sex drive has plummeted low enough that I don't desire to pursue it.

What these drugs have done to my sexual energy, which seems to be rather unique, is a remarkably significant increase in tactile sensitivity. Do I react more strongly than others because I don't smoke MTA every day? Is it because I take bigger hits when smoking due to large lung capacity from years as a runner? Perhaps I have enhanced sexual gear? I had a surgery on my penis when I was about 5-6. I'm still not entirely sure of all the details, but I feel like perhaps parts were shuffled around? Maybe my sense of touch is just more sensitive in general?

It's a strange sensation, and perhaps spawned off images of past trauma combined with the creativity and paranoia of some high dose MTA sessions.

In some circumstances, when my sensitivity was so significantly amplified, slight touches from others would have my body squirming around. If I focused hard, I could quell some of the squirming, but these were squirms of pleasure. I have had several partners that were bothered by it and it scared them a bit. Others tried to quell the squirming other ways ;). Some enjoyed watching me writhe around with tactile drug-induced ecstasy. I usually let myself feel the feelings, as I most enjoy the experience that way. I have met maybe one or two other people who had such extreme reactions to the tactile sense when under the influence of this sexual cocktail.

Some of these feelings of pleasure were overwhelming at times. If the more sensitive areas of my body were touched, my reactions would be more significant.

Thinking back, I can only imagine where these videos of me have gone. To the uneducated watcher, seeing my reaction in these videos for the first time can be alarming. Likely, they will not understand, and I may just look like I am out of my mind. I am judged for it, but I was usually having a rather enjoyable time. For the non-MTA users, this might successfully scare you away from the drug. That wasn't the intention, but I can understand the reaction.

ORGASMING!

Occasionally I would have an incredibly powerful orgasm, that was so prominent, I might not be able to see or hear for several seconds. They can last longer - near 15-20 seconds. My body occasionally would vibrate or convulse (at least that's what it felt like) this scared a few individuals who might be nearby, but I am flooded with pure Bliss. I would try to warn people once I felt myself get to the level of "high" when these effects started to kick in. A few times my body jumped around enough that I fell off a couch or other raised surface! In very rare instances, I would almost feel as though I had taken a small DMT hit for a few seconds. It was incredible.

Other times, I would have a very muted orgasm. It was noticeable, just as if it were dropped down several notches. Several factors impacting this were MTA dose, G dose, the sexual activity, emotional interest in the partner

WARNING!!!

I feel as though a warning must be stated, as combining a stimulant and depressant drug could be dangerous as they have inverse effects on heart rate and other biochemical processes.

MY FIRST GOOD FRIEND WHO USED MTA REGULARLY

While I had a few friends that I was aware of who tried the drug "on occasion" or perhaps simply didn't want to tell me about it, I had one friend who I saw sporadically over the years, mostly to pickup G (GBL specifically, turns to GHB in the body). This was before I had discovered MTA, around 2014-2019. I perhaps saw him 10-15 times. Despite his high-level paranoia, I found him fun to hangout with. We had some similar interests, and he introduced me to some gay NYC nightlife. He passed away a couple years ago. Suicide with the substance assistance of Benzodiazepines, GBL, and MTA, as well as perhaps a few other drugs.

It helped me see the type of MTA user that I never wanted to become. He talked non-stop, sometimes taking over an hour to get me some GBL (I had an on-off habit with that drug at the time). He could be aggressive at times, occasionally turned to prostitution, and relatively disordered living space relative to the other studio-loft apartments that I had seen in Midtown Manhattan.

From him, I learned that daily use was no fun (my longest binge was perhaps 6-7 days of consecutive daily use). I also learned how paranoid and aggressive it can make someone. I also

learned to be careful when even coming close to insulting a daily user with a driven personality and a lot of emotionally buried content.

THE PRIVILEGES I WAS GRANTED BEING WHO I AM

While it may sound arrogant, I think it is also important to bring awareness to the reader of the type of drug-lifestyle I led.

Historic Family Mafia Lineage

According to my family on my father's side, my paternal great-grandfather was allegedly the head Don of the Sicilian mob. Since his service, he was apparently so well-respected, that he got the family "Out" of the mob. Upon trying to Google this individual, search results are nearly non-existent, except for a two paragraph blurb I found once. There might be more information now, but I am unsure. But you might know what they say, "No one ever *Really gets out of the mob.*"

I skimmed through a whole mob book, but didn't once see the name Montana. I mentioned this to the person working near me in Wal-Mart. She looked a bit bewildered (I had not seen her prior to that day).

I might have chocked it up to rumor with intent to spread confusion, if it wasn't for a few experiences where I witnessed this relative recount how things may have been different if I had "done what I did" at another point in time. The tone of voice that was used by this individual only came out at certain times, but I recall te saying that if I had got caught dealing drugs before, the bodies of rival drug dealers would have been laid out in front of me. That information was also volunteered.

Ties to the Brothers

A close relative also confidently stated that in the "Bloodlines of the Illuminati" (https://www.cia.gov/library/abbottabad-compound/FC/FC2F5371043C48FDD95AEDE7B8A49624_Springmeier-.Bloodlines.of.the.Illuminati.R.pdf) book, "Our name isn't in there, is it?". The look of relative satisfaction was uncommon in this relative face. My first belief was that te was proud that the knowledge was buried so deeply. It was also volunteered information. I had not inquired about this explicitly. There is a reason for everything. This added suspicion that the family name had been altered at some point, perhaps during immigration in once generation or another. I have more information about this, but I digress.

A Test of the Legal Global Drug Distribution System

I was blessed to have received several hundred individual packages containing drugs, often illicit. I'm not sure exactly what granted me this privilege, but I am so blessed and grateful that I did. I took an interest in sampling newly made drugs by cross-referencing other user reports and then made various decisions to invest in other compounds.

I am sure I provided some interesting information for those curious about some drugs. Or how someone with access to a vast quantity can distribute a Similar, often cheaper analog (related to the original drug on a molecular level, sometimes sharing similar effects with the parent drug).

The question remains? Did I intrinsically want to test these drug on myself? Or was I Heavily encouraged by the people who supplied these substances to me? At this point, it doesn't matter. The blame game will never end. Just like "An eye for an eye makes the whole world blind". Besides, someone else might be able to use that eye that you're about to pop out!

Pink and purple meth on the same day!

This was one of the last times I ingested the substance. The drug was bright purple - my favorite color at the time.

The variety of people I could meet safely.